



MENTAL HEALTH LEGISLATION – 117TH CONGRESS

Updated: 12/15/22

*** = New bills since last update in July 2022

ADDICTION & SUBSTANCE USE DISORDER

Davis, Rodney (R-IL)

H.R. 2355, Opioid Prescription Verification Act: This bill modifies overdose prevention activities carried out by the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). Specifically, HHS must update pharmacist training materials to include information about how to verify the identity of patients who are prescribed medications. In addition, the CDC may give preference, in awarding grants for overdose prevention, to states that maintain a prescription drug monitoring program that mandates the collection of specified information, require prescribers of certain potentially addictive medications to issue prescriptions electronically (subject to some exceptions), and require dispensers of certain potentially addictive medications to enter particular information about the purchase of such medications into their state's prescription drug monitoring program.

^Passed the U.S. House of Representatives on December 8, 2021

Dean, Madeleine (D-PA)

H.R. 7716, Coordinating Substance Use and Homelessness Care Act: This bill requires the Department of Housing and Urban Development to award competitive grants to improve coordination of health care and homelessness services for individuals who are homeless, have significant behavioral health issues (e.g., substance use disorders), and voluntarily seek assistance. Entities eligible for these grants include local and tribal governments, public housing agencies that administer housing choice vouchers, and certain nonprofits.

Foster, Bill (D-IL) – Mental Health Caucus Member

H.R. 7156, Medicaid Coverage for Addiction Recovery Expansion Act: This bill allows state Medicaid programs to cover residential addiction treatment facility services for adults between the ages of 22 and 64 if such services are offered as part of a full continuum of evidence-based treatment services. Residential addiction treatment facility services are medically necessary inpatient services provided in an accredited, size-limited facility for the purpose of treating a substance-use disorder within a specified time period. In addition, the bill establishes a grant program for states to expand infrastructure and treatment capabilities of existing youth addiction treatment facilities that (1) provide addiction treatment services to youths under Medicaid or the Children's Health Insurance Program (CHIP), and (2) are located in communities with high numbers of medically underserved populations of at-risk youths. At least 15% of grant funds awarded to a state must be used for making payments to rural facilities.

H.R. 1685, Expanding Opportunities for Recovery Act: This bill requires the Center for Substance Abuse Treatment in the Substance Abuse and Mental Health Services Administration to award grants to states to expand access to clinically appropriate services for opioid abuse or addiction. States must use these grants to

provide up to 60 consecutive days of services to individuals who otherwise would not have access to substance abuse services.

Gottheimer, Josh (D-NJ)

H.R. 7246, Student and Student Athlete Opioid Misuse Prevention Act: This bill authorizes a program through which the Substance Abuse and Mental Health Services Administration may award grants or other assistance for preventing and addressing the misuse of opioids and other medications used for treating pain or injury recovery among students and student athletes. Entities eligible for the grants include states, nonprofits, and drug-free community coalitions.

Kim, Andy (D-NJ) – Mental Health Caucus Member

H.R. 2364, Synthetic Opioid Danger Awareness Act: This bill requires the Department of Health and Human Services (HHS) to provide education and training related to synthetic opioids, including fentanyl and its analogues. Specifically, HHS must launch a public education campaign on the dangers of synthetic opioids and related issues. HHS must also produce training materials to prevent exposure to synthetic opioids for first responders and others who are at high risk of such exposure and disseminate the materials to ambulance transport personnel, local sheriff deputies, and other first responders and individuals in high-risk occupations. ^Passed the U.S. House of Representatives on December 8, 2021

Kuster, Ann M. (D-NH) – Mental Health Caucus Member

H.R. 2366, STOP Fentanyl Act: This bill addresses data collection, treatment, harm reduction, and other issues related to substance misuse and addiction. It particularly focuses on opioids, fentanyl, and related substances. Specifically, the bill expands surveillance of fentanyl and related substances. This includes establishing a pilot program to screen for contaminants in illicit drugs and a grant program to collect data on fentanyl-involved overdoses. The bill also specifies requirements concerning the collection and use of information about drugs seized by law enforcement. Additionally, the bill establishes and modifies requirements to increase access to treatment and prevention services. For example, the Bureau of Prisons must make certain services, including medication-assisted treatments, available to individuals in its custody. The bill also repeals a provision that requires dependence on opioids for at least one year before an individual may be admitted to certain treatment programs, allows providers to prescribe medications to treat substance use disorders following a telehealth evaluation; creates grant programs for treatment and harm reduction activities; and addresses issues pertaining to opioid overdose reversal drugs. Furthermore, the bill limits civil and criminal liability under specified laws for individuals who administer opioid overdose reversal drugs to an individual who reasonably appears to be experiencing an overdose, as well as for individuals who seek medical attention for themselves or on behalf of another for a drug overdose. The bill also requires multiple reports, including a report by the Department of State on foreign sources of certain drugs.

Levin, Mike (D-CA)

H.R. 2367, SOBER Homes Act: This bill requires the Substance Abuse and Mental Health Services Administration to contract with the National Academies of Sciences, Engineering, and Medicine (NASEM) to study and make recommendations on recovery housing. Recovery housing refers to shared living environments free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders. As part of the study, NASEM must identify relevant research and data gaps that hinder reporting on the quality and effectiveness of recovery housing. After publication of the study, the Department of Health and Human Services must contract with an appropriate entity to conduct research to fill those gaps.

Maloney, Carolyn (D-NY)

H.R. 6311, Comprehensive Addiction Resources Emergency Act: This bill establishes programs, grants, and other activities to address substance use disorders. Specifically, the Department of Health and Human Services (HHS) must establish a program for purchasing and distributing opioid overdose reversal drugs for states and Indian tribes. HHS must also award grants for and otherwise support addressing substance use, particularly in states, tribes, territories, and localities with disproportionately high drug overdose rates; increasing access to preventive, medical, recovery, and related services; developing innovative models of delivering treatment and harm reduction services; and expanding the treatment capacity of Medicaid providers. In addition, HHS must issue model standards of care for treatment services and recovery residences and may award grants for training health care professionals. The bill also supports prevention and treatment services for workers, addiction and pain management research, and data collection on substance use disorders. Further, dispensers, distributors, and manufacturers of schedule II controlled substances (e.g., oxycodone), with the exception of opioid treatment programs, must certify that they maintain effective drug diversion controls. Violators are subject to specified civil and criminal penalties. Collected penalties shall be used for the grant programs and other substance use disorder activities established under the bill.

Norcross, Donald (D-NJ) – Mental Health Caucus Member

H.R. 6279, Opioid Treatment Access Act: This bill expands access to substance use disorder treatment by modifying the regulation of opioid treatment programs and narcotic drugs used for treatment, including with respect to a patient's unsupervised use of such drugs. Specifically, the Department of Health and Human Services (HHS) must issue regulations to further increase patients' access to unsupervised use or handling of drugs for treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) must study the effects of these revisions, and HHS must, as appropriate, promulgate additional regulations based on the study's findings. SAMHSA must also study the impact of certain exemptions from certification requirements for opioid treatment programs that were granted as part of COVID-19 response efforts, including any additional costs or savings that resulted from the exemptions. The bill also (1) allows specified types of health care providers to prescribe (subject to certain requirements) methadone that is dispensed through pharmacies for a patient's unsupervised use, and (2) provides statutory authority for a regulation that allows registered opioid treatment programs to operate mobile medication units without separately registering the unit.

Roybal-Allard, Lucille (D-CA) – Mental Health Caucus Member

H.R. 7105, STOP Act: This bill reauthorizes through FY2027 and revises grants and other activities for reducing underage drinking. In particular, the bill modifies the scope of certain activities to incorporate a focus on the adoption and enforcement of state laws and policies for preventing and reducing underage drinking. This includes (1) assessing in annual reports whether states have adopted best practices related to laws, regulations, and enforcement practices; and (2) establishing a pilot program to collect uniform data from states and localities about their enforcement of underage drinking laws. In addition, the Substance Abuse and Mental Health Services Administration must contract with the National Academy of Sciences to review the research literature regarding the influence of drinking on adolescent brain development.

Tonko, Paul (D-NY) – Mental Health Caucus Member

H.R. 1384, Mainstreaming Addiction Treatment Act: This bill removes the requirement that a health care practitioner apply for a separate waiver through the Drug Enforcement Administration (DEA) to dispense certain narcotic drugs (e.g., buprenorphine) for maintenance or detoxification treatment (i.e., substance use disorder treatment). Further, a community health aide or community health practitioner may dispense certain narcotic drugs for maintenance or detoxification treatment without registering with the DEA if the drug is prescribed by a health care practitioner through telemedicine. It preempts state laws related to licensure for this activity. The bill also directs the Substance Abuse and Mental Health Services Administration to conduct a national campaign to educate health care practitioners and encourage them to integrate substance use disorder treatment into their practices.

Spanberger, Abigail (D-VA)

H.R. 7234, Summer Barrow Prevention, Treatment, and Recovery Act: This bill reauthorizes through FY2027 and modifies multiple grants, programs, and other activities that support prevention and treatment of substance use disorders. Specifically, the bill addresses mental health and substance use disorder services for homeless populations; priority substance use prevention and treatment needs that are of regional and national significance; access to treatment in areas with high or increasing rates of opioid use; data collection, research, and other activities to prevent and respond to underage drinking; diversion of individuals with mental health illnesses from the criminal justice system to community-based services; increased access to emergency treatments for known or suspected opioid overdoses (e.g., naloxone), including by expanding the prescriptive authority of certain health care providers; implementation of comprehensive state-based plans to respond to opioid use disorders; and use of opioid alternatives for pain management in hospitals and emergency departments.

Trone, David J. (D-MD) – Mental Health Caucus Member

H.R. 4981, To amend the Fentanyl Sanctions Act, to modify certain deadlines relating to the Commission on Combating Synthetic Opioid Trafficking: This bill extends the deadline, from 270 days to 390 days, for the Commission on Combating Synthetic Opioid Trafficking to submit the final report on its activities and recommendations to combat the flow of synthetic opioids into the United States.

^ Passed the U.S. House of Representatives on September 29, 2021; Signed into law on October 19, 2021

H.R. 2379, State Opioid Response Grant Authorization Act: This bill reauthorizes through FY2027 and expands the scope of the State Opioid Response Grant program that is administered by the Substance Abuse and Mental Health Services Administration. Current law limits the use of these grants to specifically address the opioid crisis and opioid use disorders, while this bill allows the grants to address substance use disorders more broadly.

^Passed the U.S. House of Representatives on October 20, 2021

H.R. 2352, Honoring National Recovery Month Act: This bill provides statutory authority for the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop communication materials, distribute best practices, and carry out other activities in recognition of National Recovery Month. SAMHSA may undertake these activities or enter into an agreement with a national organization to do so. National Recovery Month is an annual observance to celebrate individuals who are in recovery from a substance use disorder or mental illness, educate the public, and combat stigma.

H.R. 433, Family Support Services for Addiction Act: This bill directs the Substance Abuse and Mental Health Services Administration to award grants to certain nonprofits to develop or expand services for individuals with substance use disorders and their families.

^Passed the U.S. House of Representatives on May 12, 2021

CHILDREN & YOUTH

Allen, Rick W. (R-GA)

H.R. 787, Expanding Student Access to Mental Health Services Act: This bill authorizes state and local educational agencies to use Student Support and Academic Enrichment grants to improve mental health services available to students. Specifically, it allows funds to be used for identifying and disseminating best practices for mental health first aid, emergency planning, coordination of services, and telehealth services.

Blunt Rochester, Lisa (D-DE) – Mental Health Caucus Member

H.R. 4944, Helping Kids Cope Act: This bill provides funding through FY2026 to the Health Resources and Services Administration (HRSA) for grants to enhance access to and provider training in pediatric behavioral health care. Specifically, HRSA must award grants to pediatricians, children's hospitals, and other providers to

support pediatric behavioral health integration and coordination within communities. Grant-funded activities may include hiring community navigators to assist families in accessing appropriate services, incorporating behavioral health services in pediatric practices, and delivering services via telehealth. In addition, HRSA must award grants to children's hospitals to expand training for providers in the pediatric behavioral health workforce.

H.R. 4943, Children's Mental Health Infrastructure Act: This bill provides funding through FY2026 to the Health Resources and Services Administration for grants to improve the capacity of children's hospitals to provide pediatric behavioral health services, including by modernizing sites of care and enhancing telehealth capabilities.

Cárdenas, Tony (D-CA) – Mental Health Caucus Member

H.R. 4744, Eliminating Debtor's Prison for Kids Act: This bill directs the Department of Justice to make grants for states to provide mental and behavioral health services to at-risk youth, including juveniles in secure detention facilities or secure correctional facilities in the state. A state that receives a grant must (1) prohibit certain fees from being imposed on juvenile offenders or their parents or guardians; and (2) report, for inclusion in a national report, certain information about fines and fees imposed on adults and juveniles in the criminal justice system.

H.R. 1803, Youth Mental Health and Suicide Prevention Act: This bill authorizes the award of matching grants to enhance services in secondary schools for students with mental and behavioral health issues that can lead to failure in school, such as depression and substance abuse. The Substance Abuse and Mental Health Services Administration may award these grants on a competitive basis to state or local educational agencies that serve at least one secondary school.

Castor, Kathy (D-FL) – Mental Health Caucus Member

H.R. 7672, Advancing Support Services in Schools Today Act: This bill would establish a new grant program at the Department of Health and Human Services to hire and retain mental health and substance use disorder care providers in schools and associated health centers. The bill includes a 90% increase in federal Medicaid matching funds to pay for these services. Funding would be available for licensed and credentialed providers and the services must be culturally competent and linguistically appropriate.

Chu, Judy (D-CA) – Mental Health Caucus Member

H.R. 3572, Increasing Access to Mental Health in Schools Act: This bill directs the Department of Education (ED) to establish a grant program and a student loan forgiveness program to increase the number of school-based mental health services providers in elementary and secondary schools. First, ED must award grants to partnerships between educational agencies and graduate institutions to increase the number of school-based mental health services providers employed by low-income local educational agencies (LEAs). Grant funds may be used for specified purposes, including to provide student loan forgiveness and tuition credits and to support recruitment, hiring, and training. In addition, ED must establish a program to provide student loan forgiveness for individuals who (1) are not, and have never been, participants in the grant program established by the bill; and (2) have been employed by low-income LEAs for five or more consecutive school years as mental health services providers.

Clark, Katherine (D-MA) – Mental Health Caucus Member

H.R. 6214, Elementary and Secondary School Counseling Act: This bill directs the Department of Education to award formula grants to state educational agencies and, through them, subgrants to local educational agencies to increase access to school-based, mental-health-services providers at high-need public elementary and secondary schools.

Cleaver, Emanuel (D-MO) – Mental Health Caucus Member

H.R. 5750, Cady Housh and Gemesha Thomas Student Suicide Prevention Act: This bill reauthorizes through FY2028, and otherwise revises, grants administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) to support youth suicide early-intervention and prevention strategies. Specifically, the bill requires SAMHSA to award a portion of such grants for statewide training programs on emotional well-being, mental health, and suicide awareness and prevention for elementary and secondary school students and staff.

Correa, J. Luis (D-CA) – Mental Health Caucus Member

H.R. 2914, Improving Mental Health Access for Students Act: This bill requires institutions of higher education (IHEs) that participate in federal student-aid programs to share contact information for suicide prevention resources with students. If IHEs distribute student identification cards, then they must include on the cards phone numbers for the National Suicide Prevention Lifeline, the Crisis Text Line, and a campus mental-health center or program. If IHEs do not create such cards, then they must publish the numbers on their websites.

Dauids, Sharice (D-KS) – Mental Health Caucus Member

H.R. 7644, Pride in Mental Health Act: To amend the Child Abuse Prevention and Treatment Act to ensure protections for lesbian, gay, bisexual, and transgender youth and their families.

Dean, Madeleine (D-PA)

H.R. 868, END Stigma Act: This bill authorizes the Department of Health and Human Services to award grants to institutions of higher education to educate students about substance use disorders.

DeSaulnier, Mark (D-CA) - Mental Health Caucus Member

H.R. 7780, Mental Health Matters Act: This bill requires certain federal actions to increase access to mental and behavioral health care. Among other provisions, the bill creates various grants to increase the number of school-based mental health services providers, establishes requirements for institutions of higher education concerning students with disabilities, prohibits arbitration and discretionary clauses in employer-sponsored benefit plans under the Employee Retirement Income Security Act of 1974, and establishes an occupational research program on mental health.

^Passed the U.S. House of Representatives on September 29, 2022

Emmer, Tom (R-MN) – Mental Health Caucus Member

***H.R. 9469, To authorize a Mental Health Education Grant program to encourage students to pursue a career as a counselor, social worker, or therapist in an elementary or secondary school, and for other purposes.

Eshoo, Anna (D-CA)

H.R. 7236, Strengthen Kids' Mental Health Now Act: To amend title XIX of the Social Security Act to expand the availability of mental, emotional, and behavioral health services under the Medicaid program, and for other purposes.

Ferguson, A. Drew, IV (R-GA)

H.R. 2877, Behavioral Intervention Guidelines Act: This bill requires the Department of Health and Human Services (HHS) to develop best practices for establishing behavioral intervention teams in educational settings. These teams, comprised of experts, are responsible for identifying individuals who exhibit concerning

behaviors and addressing associated behavioral health issues to prevent harm to the individual or others. HHS must also provide technical assistance on implementing these teams to elementary and secondary schools and institutions of higher education.

^Passed the U.S. House of Representatives on May 13, 2021

Fitzpatrick, Brian K. (R-PA) – Mental Health Caucus Member

H.R. 4198, Mental Health in Schools Excellence Program Act: This bill establishes a program to expand the mental health services workforce in schools. Specifically, the bill requires the Department of Education to contract with graduate institutions to pay a share of the cost of attendance for graduate students pursuing careers in the school-based mental health profession (e.g., school counseling).

Gooden, Lance (R-TX)

H.R. 5449, Federal Big Tech Tort Act: This bill creates a private right of action against a social media company when an individual under the age of 16 years suffers bodily injury or harm to mental health that is attributable, in whole or in part, to the use of a social media company's website, online application, or mobile application.

Harder, Josh (D-CA)

H.R. 6709, Improving Mental Health in Schools Act: This bill includes certain mental health professionals as specialized instructional support personnel for purposes of elementary and secondary education. Specifically, the bill revises the definition of specialized instructional support personnel in the Elementary and Secondary Education Act of 1965 to include qualified mental health professionals involved in providing mental health services for students. These professionals include, among others, marriage and family therapists, licensed clinical social workers, and clinical psychologists.

Hayes, Jahana (D-CT)

H.R. 7784, Supporting Trauma-Informed Education Practices Act: This bill reauthorizes through FY2027 and otherwise revises a grant program that increases student access to evidence-based trauma support services and mental health care. Among other revisions to the grant program, the bill increases the maximum duration of grants and allows grants to be used for establishing programs to improve mental health and resiliency among teachers and other school staff.

Joyce, John (R-PA)

H.R. 7248, Continuing Systems of Care for Children Act: This bill reauthorizes through FY2027 two behavioral health programs for children, youth, and young adults that are carried out by the Substance Abuse and Mental Health Services Administration. Specifically, it reauthorizes (1) grants for states, Indian tribes, and localities to provide comprehensive community mental health services for children with serious emotional disturbances; and (2) a program for public and private nonprofits to provide substance use disorder treatment and early intervention services for children, adolescents, and young adults.

Lawrence, Brenda L. (D-MI)

H.R. 2033, Timely Mental Health for Foster Youth Act: This bill requires an initial mental health screening within 30 days after a child enters foster care. In the case of a child for whom a mental health issue is identified in such initial screening, a comprehensive assessment of the child's mental health must be completed within 60 days after the child's entry into foster care. The Department of Health and Human Services must provide technical assistance for states to implement this requirement and collect data and report on the number of screenings completed.

Manning, Kathy E. (D-NC)

H.R. 5526, Improving Mental Health and Wellness in Schools Act: To amend the Richard B. Russell School Lunch Act to increase access to mental health resources, and for other purposes.

Napolitano, Grace F. (D-CA) – Mental Health Caucus Co-Chair

H.R. 721, Mental Health Services for Students Act: This bill provides specific statutory authority for the Project AWARE (Advancing Wellness and Resiliency in Education) State Educational Agency Grant Program that is administered by the Substance Abuse and Mental Health Services Administration. The program supports school-based mental health services, including screening, treatment, and outreach programs.

^Passed the U.S. House of Representatives on May 12, 2021

Newman, Marie (D-IL) – Mental Health Caucus Member

H.R. 5235, Student Mental Health Helpline Act: This bill authorizes grants to support student mental health and safety helplines (i.e., a free, confidential service that is accessible via telephone and other communication platforms that assists students facing challenges with abuse, bullying, depression, self-harm, and related issues). The Substance Abuse and Mental Health Services Administration (SAMHSA) may award the grants to agencies or other subdivisions of a state, Indian tribe, or local government that are primarily responsible for health, public health, or education. Among other purposes, recipients must use funds to establish or maintain a helpline that provides information to school officials (to the extent permitted by federal privacy standards for health information) about student mental health and safety concerns. The bill also requires SAMHSA to report on the feasibility of setting up a nationally available student mental health and safety helpline.

Perlmutter, Ed (D-CO)

H.R. 3432, School Safety Drill Research Act: This bill requires the Department of Education to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to study and report on the mental health effects that may result from a lockdown drill or active shooter drill in elementary and secondary schools.

Peters, Scott H. (D-CA) – Mental Health Caucus Member

H.R. 586, STANDUP Act: This bill requires state, tribal, and local educational agencies that receive grant funding for priority mental-health needs, including through the Project AWARE State Education Agency Grant Program, to establish and implement evidence-based suicide awareness and prevention training policies. In addition, the Substance Abuse and Mental Health Services Administration, in coordination with the Department of Education and Bureau of Indian Education, must provide educational agencies with best practices for these trainings.

^Senate companion passed the U.S. House of Representatives on May 12, 2021; U.S. Senate companion signed into law on March 15, 2022

Pocan, Mark (D-WI)

H.R. 5342, Tyler Clementi Higher Education Anti-Harassment Act: This bill addresses harassment at institutions of higher education (IHEs). Specifically, the bill requires each IHE to include in its annual security report a statement of policy regarding harassment on the basis of a student's actual or perceived race, color, national origin, sex (including sexual orientation, gender identity, pregnancy, childbirth, a medical condition related to pregnancy or childbirth, and a sex stereotype), disability, or religion. In addition, the Department of Education may award grants to IHEs to initiate, expand, or improve programs to (1) prevent the harassment of students; (2) provide counseling or redress services to students who have been harassed or accused of subjecting other students to harassment; or (3) educate and train students, faculty, or staff to prevent harassment or address harassment if it occurs.

Porter, Katie (D-CA) – Mental Health Caucus Member

H.R. 7370, Student Mental Health Rights Act: This bill addresses mental health and substance use at institutions of higher education (IHEs). Specifically, the bill requires the Department of Education (ED) to conduct a study on mental health conditions and substance use conditions at IHEs. In addition, ED must issue guidance on IHEs' (1) compliance with federal law on mental health, (2) legal obligations to students with mental health conditions and students with substance use conditions, and (3) policies that may have a discriminatory impact on such students.

Pressley, Ayanna (D-MA)

H.R. 4011, Counseling Not Criminalization in Schools Act: This bill prohibits the use of federal funds for law enforcement officers in schools. It also establishes a grant program to replace law enforcement officers in schools with personnel and services that support mental health and trauma-informed services. Specifically, the bill prohibits the use of federal funds to hire, maintain, or train law enforcement officers in elementary or secondary schools. Further, it prohibits the use of public safety and community policing grants for law enforcement officers in schools. Additionally, the bill directs the Department of Education to award grants to local educational agencies to (1) replace law enforcement officers in elementary and secondary schools with personnel and services that support mental health and trauma-informed services, and (2) reform school safety and disciplinary policies to reflect evidence-based practices that do not rely on the criminal justice system. A recipient must use grants funds to hire or train specified staff. The bill prohibits the use of grant funds for (1) establishing or enforcing zero-tolerance school discipline policies, (2) purchasing or installing surveillance equipment (e.g., metal detectors), or (3) arming teachers or other school personnel.

Schrier, Kim (D-WA)

H.R. 7076, Supporting Children's Mental Health Care Access Act: This bill reauthorizes through FY2027 two grant programs that support pediatric mental and behavioral health services and interventions. First, it reauthorizes and makes changes to a grant program for states, localities, and Indian tribes for statewide or regional telehealth access programs to promote the integration of behavioral health in pediatric primary care. Specific changes include allowing a nonprofit organization to receive the grant if the state (1) does not apply for the grant, and (2) supports the nonprofit's receipt of it. Additionally, recipients may use grant funds to support schools and emergency departments. Second, the bill reauthorizes a grant program for human services agencies and nonprofits to develop and maintain infant and early childhood mental health promotion, intervention, and treatment programs.

Thompson, Mike (D-CA) – Mental Health Caucus Member

H.Res. 975, Expressing the mental health impacts of recurrent climate-related disasters on youth.

Trone, David J. (D-MD) – Mental Health Caucus Member

***H.Res. 1423, Expressing support for October 2, 2022, through October 8, 2022, as "National Student Athlete Mental Health Week": This resolution supports the goals of Mental Illness Awareness Week and supports the designation of a National Student Athlete Mental Health Week. It also encourages the President to issue a proclamation calling on the people of the United States to observe National Student Athlete Mental Health Week with appropriate awareness and educational activities.

H.R. 5654, Higher Education Mental Health Act: This bill requires the Department of Education to establish an Advisory Commission on Serving and Supporting Students with Mental Health Disabilities in Institutions of Higher Education. The commission must conduct a study and report on services available to students with mental health disabilities in institutions of higher education (IHEs) and the effectiveness of such services in supporting these students; the impact of policies and procedures, such as reasonable accommodation and disciplinary policies, that help or hinder the goal of providing equal opportunity to these students; the use of

protected health information of these students by IHEs; the impact of providing mental health services on a student's academic performance, well-being, and ability to complete college; conclusions on the major challenges facing these students; and recommendations to improve the overall education, retention, and graduation of these students.

H.R. 3549, Comprehensive Mental Health in Schools Pilot Program Act: This bill requires the Department of Education to establish a pilot program to award grants to local educational agencies for establishing comprehensive mental and behavioral health services programs in elementary and secondary schools.

Watson Coleman, Bonnie (D-NJ) – Mental Health Caucus Member

H.Res. 967, Raising awareness of the impact of COVID-19 on bereaved children.: This resolution recognizes the impact of COVID-19 on children who have lost a caregiver during the pandemic and the disproportionate effect of this impact on racial and ethnic minorities.

Wild, Susan (D-PA) – Mental Health Caucus Member

H.R. 7859, PREP for All Students Act: This bill establishes the Council on Emergency Response Protocols. The council must, among other duties, provide guidelines for states, early child care and education settings, local educational agencies, and institutions of higher education to use in developing and implementing emergency response protocols (e.g., gun violence response and prevention protocols, natural disaster preparedness procedures, and fire drills) that are inclusive and accessible.

H.R. 5407, Enhancing Mental Health and Suicide Prevention Through Campus Planning Act: This bill requires the Department of Education to encourage institutions of higher education to develop and implement comprehensive campus mental health and suicide prevention plans.

COMMUNITIES OF COLOR

Barragán, Nanette Diaz (D-CA) – Mental Health Caucus Member

H.R. 189, John Lewis NIMHD Research Endowment Revitalization Act: This bill expands eligibility for research endowments available through the National Institute on Minority Health and Health Disparities to include former centers of excellence at health professional schools and biomedical and behavioral research institutions that meet criteria related to the inclusion of underrepresented minority individuals in programs and activities.

^Passed the U.S. House of Representatives on April 14, 2021; Signed into law on March 18, 2022

Blunt Rochester, Lisa (D-DE) – Mental Health Caucus Member

H.Res.1226, Expressing support for the designation of the week of July 19 through July 25, 2022, as "Black Maternal Mental Health Awareness Week", and supporting the goals and ideals of raising awareness and understanding of maternal mental health conditions as they affect Black individuals.: This resolution expresses support for the designation of Black Maternal Mental Health Awareness Week.

H.Res. 536, Expressing support for the designation of the week of July 19 through July 25, 2021, as "Black Maternal Mental Health Awareness Week", and supporting the goals and ideals of raising awareness and understanding of maternal mental health conditions as they affect Black individuals.: This resolution expresses support for the designation of Black Maternal Mental Health Awareness Week.

H.R. 907, Investing in Community Healing Act: This bill requires, with a focus on racial and ethnic minority groups, research on adverse health impacts associated with violent interactions with law enforcement and additional activities to promote access to mental and behavioral health care. Specifically, the Office of Minority Health of the Centers for Disease Control and Prevention must research the health consequences of trauma

related to violent interactions with law enforcement. In addition, the Substance Abuse and Mental Health Services Administration must award grants to community-based programs or organizations to increase access to trauma-support services and mental health care. The Department of Health and Human Services must also carry out a campaign to raise awareness of, and reduce stigma associated with, mental and behavioral health conditions.

Brownley, Julia (D-CA)

H.R. 912, American Indian and Alaska Native Veterans Mental Health Act: This bill directs the Department of Veterans Affairs (VA) to provide mental health and suicide prevention outreach to American Indian and Alaska Native veterans. Specifically, the bill requires that each VA medical center have a full-time minority veteran coordinator. The coordinator must receive training in the delivery of culturally appropriate mental health and suicide prevention services to American Indian and Alaska Native veterans. Further, the suicide prevention coordinator and minority veteran coordinator of each VA medical center must develop and disseminate a written plan for conducting mental health and suicide prevention outreach to all tribes and urban Indian health organizations within the area of the medical center.

Cárdenas, Tony (D-CA) – Mental Health Caucus Member

H.R. 1331, Strengthening Mental Health Supports for BIPOC Communities Act: This bill requires states and other jurisdictions that receive certain block grants for community mental health services and substance abuse prevention and treatment to report on services and outreach provided through those grants to members of racial and ethnic minority groups.

Chu, Judy (D-CA) – Mental Health Caucus Member

H.Res. 1098, Supporting the designation of May 10, 2022, as National Asian American, Native Hawaiian, and Pacific Islander Mental Health Day.: This resolution supports the designation of National Asian American, Native Hawaiian, and Pacific Islander Mental Health Day.

H.Res. 373, Expressing support for the designation of May 10, 2021, as "National Asian American, Native Hawaiian, and Pacific Islander Mental Health Day" and acknowledging the importance of raising awareness of mental health and improving the quality of mental health services for the Asian American, Native Hawaiian, and Pacific Islander community.: This resolution supports the designation of National Asian American, Native Hawaiian, and Pacific Islander Mental Health Day.

H.R. 3573, Stop Mental Health Stigma in Our Communities Act: This bill requires the Substance Abuse and Mental Health Services Administration to develop and implement an outreach and education strategy regarding behavioral health issues among the Asian American, Native Hawaiian, and Pacific Islander populations. The strategy must be designed to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among such populations.

Espaillet, Adriano (D-NY)

H.Res. 1217, Addressing the national crisis of suicide among minority adolescents.: This resolution recognizes the mental health concerns faced by adolescents and the need for adequate mental health resources to address those concerns, particularly among minority populations.

Meng, Grace (D-NY)

H.R. 5937, Mental Health Workforce and Language Access Act: This bill establishes within the Department of Health and Human Services (HHS) two demonstration programs to increase access to mental health services provided in languages other than English at federally qualified health centers (FQHCs). In carrying out the programs, HHS must give preference to FQHCs at which at least 20% of the patients are best served in a

language other than English. First, HHS must provide National Health Service Corps (NHSC) loan repayments to mental health care providers who agree to serve their period of obligated service in an FQHC. HHS may provide enhanced payments to those who serve in an FQHC with non-English language needs. (The NHSC is a scholarship and student loan repayment program for eligible health care providers who agree to work in areas with a shortage of primary care, dental care, and mental health care providers.) Second, HHS must award grants to FQHCs for recruiting and retaining mental health care providers who are fluent in a language other than English.

Napolitano, Grace F. (D-CA) – Mental Health Caucus Co-Chair

H.R. 2529, Mental Health for Latinos Act: This bill requires the Substance Abuse and Mental Health Services Administration to develop and implement an outreach and education strategy regarding behavioral health issues among the Hispanic and Latino populations. The strategy must promote behavioral and mental health and reduce stigma associated with mental health conditions and substance use disorders. The strategy must also address the impact of the COVID-19 pandemic on the mental and behavioral health of those populations.

H.R. 2480, Immigrants' Mental Health Act: This bill directs Customs and Border Protection (CBP) to take steps to address mental health issues among immigrants and CBP agents and officers. It also restricts the sharing of mental health information for use in certain immigration proceedings. CBP shall develop training to enable its agents and officers to (1) identify mental health issues and risk factors in immigrants and refugees, (2) provide crisis intervention using a trauma-informed approach, and (3) better manage work-related stress and psychological pressures. CBP shall assign at least one qualified mental or behavioral health expert to each Border Patrol station, port of entry, checkpoint, forward operating base, secondary inspection area, and short-term custody facility. The Department of Health and Human Services may not provide to the Department of Homeland Security information about the mental health of an alien that was obtained by a mental health professional while the alien was in federal government custody if the information will be used for (1) an asylum determination, (2) an immigration hearing, or (3) a deportation hearing.

Pallone, Frank, Jr. (D-NJ)

H.R. 4251, Native Behavioral Health Access Improvement Act: This bill establishes a special tribal behavioral health grant program and expands the applicability of certain federal health care provisions to American Indians and Alaska Natives. Specifically, the bill provides funds for and requires the Indian Health Service (IHS) to award grants to eligible entities (e.g., tribal health programs) for the prevention and treatment of mental health and substance use disorders. The bill defines Indian for purposes of health insurance reform, exchanges, and subsidies to include individuals of Indian descent who are members of an Indian community served by the IHS and individuals considered by the Department of Health and Human Services to be Indian for purposes of eligibility for Indian health care services. Individuals included in the definition are eligible for special monthly enrollment periods on health insurance exchanges and elimination of cost sharing under individual health coverage for those whose income is not more than 300% of the poverty line. Under current law, only members of Indian tribes are eligible for these benefits.

Watson Coleman, Bonnie (D-NJ) – Mental Health Caucus Member

H.R. 1475, Pursuing Equity in Mental Health Act: This bill establishes and expands programs to address racial and ethnic disparities in mental health. Specifically, the Department of Health and Human Services (HHS) must award grants to establish interprofessional behavioral health care teams in areas with a high proportion of racial and ethnic minority groups; and incorporate best practices and competencies to address mental health disparities in curricula for training social workers, psychologists, and other behavioral health professionals. HHS must also promote behavioral and mental health and reduce stigma associated with mental health conditions and substance use disorder through outreach to racial and ethnic minority groups. HHS must consult with appropriate advocacy groups and behavioral health organizations to develop a strategy for this outreach. The bill also (1) reauthorizes the minority fellowship program to support the education of mental

health professionals who provide services to racial and ethnic minorities, and (2) requires studies on mental health disparities and the effects of social media use on adolescents.

^Passed the U.S. House of Representatives on May 12, 2021

COVID-19 PANDEMIC

Boyle, Brendan F. (D-PA) – Mental Health Caucus Member

H.R. 2297, MIND Act: This bill temporarily allows states to receive federal Medicaid payment for services provided in institutions for mental diseases (IMDs) during the public health emergency relating to COVID-19 (i.e., coronavirus disease 2019) and for 180 days after the emergency ends. Current law generally prohibits federal payment under Medicaid for services provided in IMDs for individuals under the age of 65 (although states may receive payment through certain mechanisms, such as through a Medicaid demonstration waiver).

Emmer, Tom (R-MN) – Mental Health Caucus Member

H.R. 220, STRESS under COVID–19 Act: This bill provides supplemental appropriations to the Department of Agriculture (USDA) for the Farm and Ranch Stress Assistance Network. The program provides grants to connect individuals who are engaged in agriculture-related occupations with stress assistance programs. The bill requires USDA to allocate the funds to grant recipients within 60 days.

Gonzalez, Anthony (R-OH) – Mental Health Caucus Member

H.R. 5772, Brycen Gray and Ben Price COVID-19 Neurological Impact Act: This bill authorizes grants and requires other activities to address neurological and psychiatric illnesses associated with COVID-19 infection. Specifically, the National Science Foundation may award competitive grants for multidisciplinary research on such illnesses. In addition, the White House Office of Science and Technology Policy must establish a temporary interagency working group to coordinate relevant federal programs, data collection, and other activities focused on neurological and psychiatric illnesses associated with COVID-19 infection. The working group must also engage with researchers and nonfederal stakeholders to ensure the sharing and dissemination of relevant research, information, and best practices pertaining to those illnesses. The working group terminates after five years.

Johnson, Dusty (R-SD)

H.R. 4649, To amend title VI of the Social Security Act to allow for the use of the Coronavirus State fiscal recovery fund to support mental and behavioral health programs, and for other purposes: This bill permits state, tribal, and territorial governments to use designated COVID-19 relief funding to support mental and behavioral health programs. Currently, this funding is available to eligible governments through December 31, 2024, for responding to the COVID-19 public health emergency or its negative economic impacts; supporting essential workers and businesses; maintaining government services; and investing in water, sewer, or broadband infrastructure.

Joyce, David P. (R-OH)

H.R. 654, Drug-Free Communities Pandemic Relief Act: This bill authorizes the Drug-Free Communities Support Program, subject to certain limitations, to waive matching funds requirements applicable to certain grants for reducing substance use among youth. Before waiving these requirements, the program must determine that a grantee is unable to raise funds because of the COVID-19 emergency. Currently, the Office of National Drug Control Policy administers this program, and community coalitions that receive the grants must match a specified percentage of the federal award amount with nonfederal funds, including in-kind contributions.

^Passed the U.S. House of Representatives on October 20, 2021

Kirkpatrick, Ann (D-AZ)

***H.R. 9475, To direct the Secretary of Health and Human Services, in consultation of the Secretary of Education, to conduct a study on the impact of COVID-19 on the mental health of education professionals, to direct the Secretary of Education to award grants to implement or improve health and wellness programs for education professionals, and for other purposes.

Kuster, Ann M. (D-NH) – Mental Health Caucus Member

H.R. 706, Emergency Support for Substance Use Disorders Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to states, other jurisdictions, and community-based entities for harm reduction activities to address drug misuse during the COVID-19 (i.e., coronavirus disease 2019) pandemic.

Porter, Katie (D-CA) – Mental Health Caucus Member

H.R. 588, Stopping the Mental Health Pandemic Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to states, tribal nations, local governments, behavioral health and primary care providers, and community organizations to support behavioral health treatment and services during the COVID-19 (i.e., coronavirus disease 2019) pandemic.

Pressley, Ayanna (D-MA)

H.R. 5703, Post-Disaster Mental Health Response Act: This bill authorizes the provision of professional counseling services to victims of declared emergencies (current law limits such authorization to victims of major disasters).

Ryan, Tim (D-OH) – Mental Health Caucus Member

H.R. 593, Coronavirus Mental Health and Addiction Assistance Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to establish a network of entities that provide mental health and substance use disorder programs during the COVID-19 (i.e., coronavirus disease 2019) pandemic. Eligible entities include tribal nations, nonprofit organizations, service providers, and partnerships of two or more eligible entities.

Tonko, Paul (D-NY) – Mental Health Caucus Member

H.R. 1716, COVID-19 Mental Health Research Act: This bill requires the National Institute of Mental Health to support mental health research activities related to COVID-19 (i.e., coronavirus disease 2019). The institute must coordinate these activities with other components of the National Institutes of Health.

Trone, David J. (D-MD) – Mental Health Caucus Member

H.R. 2264, Tele-Mental Health Improvement Act: This bill requires private health insurance plans that cover in-person mental health or substance use disorder services to cover such services on equal terms via telehealth (i.e., information technology used to aid treatment and diagnosis at a physical distance) during and shortly after the COVID-19 (i.e., coronavirus disease 2019) public health emergency. Specifically, this bill requires plans to, among other things, cover these services at the same rate as in-person services, exclude charges for facility fees, and provide information about how to access these services. Additionally, providers of these services may not charge facility fees to plan enrollees.

H.R. 434, Preventing Mental Health and Substance Use Crises During Emergencies Act: This bill establishes a task force and requires a strategy to address mental health and substance use issues during public health emergencies. The Department of Health and Human Services must convene the task force to assess the

federal response to such issues during and after the COVID-19 (i.e., coronavirus disease 2019) emergency. In addition, the Substance Abuse and Mental Health Services Administration must develop and annually update the strategy. The task force's work must inform the strategy.

Wild, Susan (D-PA) – Mental Health Caucus Member

H.R. 1667, Dr. Lorna Breen Health Care Provider Protection Act: This bill establishes grants and requires other activities to improve mental and behavioral health and prevent burnout among health care providers. Specifically, the Department of Health and Human Services (HHS) must award grants to train health care providers on suicide prevention, other behavioral health issues, and strategies to improve well-being; and establish or expand programs to promote mental and behavioral health among health care providers involved with COVID-19 (i.e., coronavirus disease 2019) response efforts. HHS must also study and develop policy recommendations on preventing burnout and improving mental and behavioral health among health care providers, removing barriers to accessing care and treatment, and identifying strategies to promote resiliency. Additionally, the Centers for Disease Control and Prevention must conduct a campaign to encourage health care providers to seek support and treatment for mental and behavioral health concerns.

^Passed the U.S. House of Representatives on December 8, 2021; Signed into law on March 18, 2022

MENTAL HEALTH ACCESS

Barragán, Nanette Diaz (D-CA) – Mental Health Caucus Member

H.R. 4217, TRIUMPH for New Moms Act: This bill temporarily establishes within the Department of Health and Human Services the Task Force on Maternal Mental Health. The task force must develop a national strategy for maternal mental health and report on best practices, policies, and programs to prevent, screen for, diagnose, treat, and reduce disparities in maternal mental health conditions. The report must identify opportunities for state- and local-level partnerships to address maternal mental health, and the task force must share those opportunities with state governors.

Bass, Karen (D-CA)

***H.R. 8637, Law Enforcement De-Escalation Training Act: To amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide for training on alternatives to use of force, de-escalation, and mental and behavioral health and suicidal crises.

Bera, Ami (D-CA)

H.R. 1480, HERO Act: This bill establishes a series of programs relating to the behavioral health of law enforcement officers, first responders, 9-1-1 operators, and other public safety officers and health care providers. The programs include a public safety officer suicide-reporting system at the Centers for Disease Control and Prevention, a grant program for peer-support behavioral health and wellness programs within fire departments and emergency medical services agencies, and a grant program for behavioral health and wellness programs for health care providers.

^Passed the U.S. House of Representatives on May 12, 2021

Blunt Rochester, Lisa (D-DE) – Mental Health Caucus Member

***H.R. 8657, ATTAIN Mental Health Act: This bill requires the Department of Health and Human Services (HHS) to establish a public-facing, online dashboard to publicize federally funded mental health grants. The dashboard must contain, for example, program names and opening and closing dates for applications. In addition, HHS must establish a process to include information voluntarily provided by states about their federally supported mental health grants on the dashboard. In developing the dashboard, HHS must consult with appropriate federal departments and agencies and other stakeholders.

H.R. 5611, Behavioral Health Crisis Services Expansion Act: This bill establishes requirements, expands health insurance coverage, and directs other activities to support the provision of behavioral health crisis services along a continuum of care. Specifically, the Department of Health and Human Services (HHS) must establish standards for a behavioral health crisis continuum of care that health care providers and communities may use in responding to individuals experiencing a behavioral health crisis. This continuum of care must include 24-7 crisis hotlines, emergency treatment, stabilization services, and other specified components. In addition, the bill expands health insurance coverage for behavioral health crisis services. It also expands the Community Mental Health Services Block Grant to assist states and territories with developing the infrastructure to provide crisis response services. Furthermore, HHS, in consultation with the Department of Justice, must convene an expert panel to make recommendations concerning training for emergency services dispatchers and crisis call center personnel to respond appropriately to individuals experiencing a behavioral health crisis.

H.R. 909, Moms Matter Act: This bill establishes two grant programs to address maternal mental health conditions and substance use disorders, with a focus on racial and ethnic minority groups. First, the Substance Abuse and Mental Health Services Administration must award grants for maternal behavioral health services. Eligible grantees include state, tribal, and local governments; health care providers; and organizations that serve pregnant and postpartum individuals. Second, the Department of Health and Human Services may award grants to grow and diversify the maternal mental and behavioral health workforce by establishing or expanding schools and training programs.

Boyle, Brendan F. (D-PA) – Mental Health Caucus Member

***H.R. 9328, Mental and Physical Health Care Comorbidities Act: To amend title XVIII of the Social Security Act to establish a demonstration program to promote collaborative treatment of mental and physical health comorbidities under the Medicare program.

Budd, Ted (R-NC)

H.R. 8523, Promote Work and Improve Health Act: This bill requires states to describe their efforts to improve mental health and well-being through promoting work and employment as part of their plans for providing mental health services under the Community Mental Health Block Grant program.

Burgess, Michael (R-TX)

H.R. 7378, To amend title XIX of the Social Security Act to make permanent the State plan amendment option to provide medical assistance for certain individuals who are patients in certain institutions for mental diseases, and for other purposes.

Bush, Cori (D-MO)

***H.R. 8914, Helping Families Heal Act: This bill establishes programs and sets out other actions to address mental health impacts of law enforcement personnel violence on those who have experienced, witnessed, or otherwise suffered traumatic experiences due to such violence, with a particular emphasis on communities and schools.

Bustos, Cheri (D-IL)

H.R. 4305, Crisis Care Enhancement Act: To amend the Community Mental Health Service Block Grant to authorize a set-aside for crisis care services, and for other purposes.

Cárdenas, Tony (D-CA) – Mental Health Caucus Member

H.R. 7232, 9-8-8 and Parity Assistance Act: This bill modifies provisions to increase access to behavioral health services, with a focus on crisis services and the 9-8-8 telecommunication system. (The 9-8-8 system provides callers with mental health or suicide crisis support and resources through the existing National Suicide Prevention Lifeline and is scheduled to take effect by July 16, 2022.) The Substance Abuse and Mental Health Services Administration (SAMHSA) must award grants to crisis call centers for hiring and training staff and otherwise improving operations. Further, SAMHSA must establish standards for a behavioral health crisis continuum of care that health care providers and communities may use in responding to individuals experiencing a behavioral health crisis. The continuum must include emergency treatment, stabilization, and related services. Additionally, the bill (1) sets up an office within SAMHSA to coordinate behavioral health activities, (2) requires a national suicide prevention media campaign, and (3) establishes various grants. The grants include a pilot program for mobile crisis care teams that respond to behavioral health crises rather than law enforcement, a capital improvement program for certain behavioral health facilities, and a program for supporting the implementation of federal mental health parity provisions that require health insurance issuers to provide equivalent coverage for mental health services as they provide for medical and surgical services. The bill also expands certain behavioral health education and training programs to encompass education and training related to crisis.

H.R. 7116, 9-8-8 Implementation Act: This bill modifies provisions to increase access to behavioral health services, with a focus on crisis services and the 9-8-8 telecommunication system. (The 9-8-8 system provides callers with mental health or suicide crisis support and resources through the existing National Suicide Prevention Lifeline and is scheduled to take effect by July 16, 2022.) The bill reauthorizes through FY2027 and revises the National Suicide Prevention Lifeline program and requires a national suicide prevention media campaign. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) must establish standards for a behavioral health crisis continuum of care that health care providers and communities may use in responding to individuals experiencing a behavioral health crisis. The continuum must include emergency treatment, stabilization, and related services. The bill expands Medicaid and other insurance coverage for such services. The bill further expands Medicaid coverage for behavioral health services. This includes permanently allowing coverage of certain community-based mobile crisis services and exempting some short-term stabilization services from coverage restrictions that apply to institutions for mental diseases. Additionally, the bill establishes (1) an office within SAMHSA to coordinate behavioral health activities; and (2) various grants, including a pilot program for mobile crisis care teams that respond to behavioral health crises rather than law enforcement and a capital improvement program for certain behavioral health facilities. The bill also reauthorizes through FY2027 and expands certain workforce programs for behavioral health providers. It also addresses training for emergency services dispatchers and coordination of the 9-1-1 system with the 9-8-8 system.

H.R. 3753, Parity Implementation Assistance Act: This bill provides grants to assist states with the implementation of the federal mental health parity requirements. States receiving the grants must request and review from private health insurance plans their required comparative analysis of nonquantitative treatment limitations (NQTLs) with respect to mental health or substance use disorder benefits. (NQTLs are limitations on the scope or duration of benefits for treatment, such as preauthorization requirements.)

H.R. 1545, Crisis Counseling Act: This bill provides for immediate approval of any request by a state, local, or tribal government for crisis counseling and training after the President declares a major disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

H.R. 1544, Virtual Community Support Act: This bill requires the Substance Abuse and Mental Health Services Administration (SAMHSA) to award grants for community-based mental health services, substance-use disorder services, and peer support services. Eligible grantees include health departments, behavioral health programs, nonprofits, and institutions of higher education. SAMHSA must report on the grant program, including specifically with respect to the COVID-19 (i.e., coronavirus disease 2019) emergency period.

Chu, Judy (D-CA) – Mental Health Caucus Member

***H.R. 8878, To amend title XVIII of the Social Security Act to ensure adequate coverage of outpatient mental health services under the Medicare program.

H.R. 2767, PEERS Act: This bill specifies that peer support specialists may participate in the provision of behavioral health integration services with the supervision of a physician or other entity under Medicare. The bill defines peer support specialists as individuals who are recovering from a mental health or substance-use condition and have certain national or state credentials, as specified, to provide peer support services.

H.R. 1551, Nutrition CARE Act: This bill provides for Medicare coverage of medical nutrition therapy services for individuals with eating disorders. Such services must be furnished by a registered dietitian or nutrition professional pursuant to a referral from a physician, psychologist, or other authorized mental health professional.

Clark, Katherine (D-MA)

H.R. 7073, Into the Light for MMH and SUD Act: This bill reauthorizes through FY2028 a program that addresses maternal depression and, among other changes, expands its scope to include mental health and substance use disorders. It also requires the Department of Health and Human Services to maintain a national hotline to provide mental health and substance use disorder resources to pregnant and postpartum women and their families.

Courtney, Joe (D-CT)

H.R. 7767, Strengthening Behavioral Health Benefits Act: To amend the Employee Retirement Income Security Act of 1974 to provide for the enforcement of mental health and substance abuse disorder parity requirements, and for other purposes.

Crenshaw, Dan (R-TX)

H.R. 7241, Community Mental Health Services Block Grant Reauthorization Act: This bill reauthorizes through FY2027 support for crisis care available under the Community Mental Services Block Grant program for adults with serious mental illnesses and children with serious emotional disturbances. The bill also requires states and territories to expend a certain percentage of their grant funds on evidence-based crisis care activities such as crisis call centers, 24/7 mobile crisis services, and crisis stabilization programs in hospitals or other licensed facilities.

Dean, Madeleine (D-PA)

H.R. 523, Community Health Center Mental Health Screening Act: This bill authorizes the Department of Health and Human Services to award grants for mental and behavioral health screenings and mental health services to federally qualified health centers.

DeFazio, Peter A. (D-OR) – Mental Health Caucus Member

H.R. 1914, CAHOOTS Act: This bill allows state Medicaid programs to cover certain community-based mobile crisis intervention services for individuals experiencing a mental health or substance-use disorder crisis outside of a facility setting. Among other requirements, such services must be (1) provided by multidisciplinary teams composed of behavioral health professionals who are trained in trauma care and de-escalation techniques, (2) available 24-7, and (3) voluntary for the individual experiencing the mental health or substance-use disorder crisis. The bill provides an enhanced Federal Medical Assistance Percentage (i.e., federal matching rate) for such services, as well as specified funds for state planning and evaluation grants.

Deutch, Theodore E. (D-FL)

H.R. 3988, MINDS Act: This bill directs the U.S. Agency for International Development (USAID) and the Department of State to integrate mental health and psychosocial support activities across all U.S. foreign assistance programs, with a particular focus on children and other vulnerable populations. To facilitate this integration, the bill makes organizational changes at the USAID. It authorizes the USAID to appoint a coordinator to oversee and direct mental health and psychosocial support activities. The coordinator must ensure that these activities focus on children, adult caretakers and families, displaced populations, and other vulnerable groups. In addition, the bill establishes a working group comprised of representatives from every USAID bureau and the Department of State to coordinate interagency efforts related to, promote best practices for, and ensure sustainability and continuity of mental health and psychosocial support activities. The USAID and the State Department must brief Congress about the amount of foreign assistance spending on mental health and psychosocial support activities and related matters.

Emmer, Tom (R-MN) – Mental Health Caucus Member

***H.Res. 1485, Expressing support for the designation of November 17, 2022, as “National Rural Mental Health Day”.

H.R. 8179, Securing Facilities for Mental Health Services Act: This bill expands access to federal mortgage insurance for hospitals to include mental health care facilities.

H.R. 5995, Pregnancy Loss Mental Health Research Act: This bill expands research and related activities that address mental health complications following a pregnancy loss (i.e., miscarriage, stillbirth, or abortion). Specifically, the National Institutes of Health and the National Institute of Mental Health (NIMH) must expand and intensify research on mental health complications following pregnancy loss. In particular, NIMH must conduct a longitudinal study to determine the prevalence and other information about such mental health complications. Additionally, the Department of Health and Human Services must award grants to health providers, state or local governments, or other appropriate nonprofits to deliver services to individuals with mental health conditions following a pregnancy loss. Funding made available under this bill may not be provided to an entity (or an entity's affiliate, subsidiary, successor, or clinic) that performs abortions other than in the case of a pregnancy (1) that is the result of rape or incest; or (2) when the life of the woman is in danger due to a physical disorder, injury, or illness.

H.Res. 811, Expressing support for the designation of November 18, 2021, as "National Rural Mental Health Day".: This resolution supports the designation of National Rural Mental Health Day.

H.R. 1495, Jim Ramstad Legacy of Recovery Act: This bill allows states to receive federal Medicaid payment for psychiatric and substance-use disorder services provided in institutions for mental diseases (IMDs) to patients who are enrolled with a Medicaid managed care organization (MCO) or in a prepaid inpatient health plan (PIHP). Current law generally prohibits federal payment under Medicaid for services provided in IMDs for individuals under the age of 65. However, states may receive federal Medicaid payment for monthly capitation payments to MCOs and PIHPs for services provided in IMDs to enrollees aged 21 to 64. Such services must be provided for no longer than 15 days per month and in lieu of other services covered under the state Medicaid program.

Gonzalez, Anthony (R-OH) – Mental Health Caucus Member

H.R. 7180, Brycen Gray and Ben Price COVID–19 Cognitive Research Act: This bill directs the National Science Foundation (NSF) to award competitive, merit-reviewed grants to eligible entities, including through the RAPID funding mechanism, to support interdisciplinary research on the disruption of regular cognitive processes associated with both short-term and long-term COVID-19 infections, including with respect to children and adolescents. No later than 45 days after the enactment of this bill, the NSF shall enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to study and produce a report on the disruption of cognitive processes associated with COVID-19 infection.

^Passed the U.S. House of Representatives on July 26, 2022

Griffith, Morgan (R-VA)

H.R. 7237, REACHING Improved Mental Health Outcomes for Patients Act: This bill reauthorizes through FY2027 various activities related to mental health services and resources. It also establishes grants for assisted outpatient treatment programs. Specifically, the bill reauthorizes a policy laboratory housed within the Substance Abuse and Mental Health Services Administration (SAMHSA) that promotes evidence-based practices and service delivery models. Additionally, the bill reauthorizes grants and similar assistance for projects and programs to address priority mental health needs of regional and national significance, integrated primary care and behavioral health care at the community level, community-based systems to respond to behavioral health crises, programs to raise awareness about mental health services and resources in communities and train community members about how to respond appropriately and safely to individuals with mental disorders, suicide prevention and intervention programs for individuals over age 25 who are at risk of suicide, and assertive community treatment programs for individuals with the most severe functional impairments associated with mental illness. The bill also requires the Center for Mental Health Services within SAMHSA to award grants to localities, mental health systems, mental health courts, or other entities for assisted outpatient treatment programs (i.e., medically prescribed mental health treatment that is lawfully ordered by a state or local court and that a patient receives while living in a community).

Harder, Josh (D-CA)

***H.R. 8613, Supporting the Health and Safety of Law Enforcement Act: This bill establishes a pilot program to promote coordination between community mental health centers and law enforcement agencies. Specifically, it directs the Department of Justice to award grants for community mental health centers to place social workers with law enforcement agencies. The purpose of the placement is to facilitate coordination on law enforcement cases with an underlying mental health component.

Horsford, Steven (D-NV)

***H.R. 8881, Mental Health Transparency Act: This bill requires private health insurance plans to publish information about the number and percentage of behavioral health care and substance use disorder treatment providers located in the service area of the plan that are in-network. Additionally, the Department of Health and Human Services must establish designations to reflect the breadth of in-network coverage for each type of provider in a service area.

Jackson Lee, Sheila (D-TX) – Mental Health Caucus Member

H.R. 137, Mental Health Access and Gun Violence Prevention Act: This bill authorizes FY2022 appropriations for the Department of Justice, the Department of Health and Human Services, and the Social Security Administration to (1) increase access to mental health care treatment and services, and (2) promote reporting of mental health information to the National Instant Criminal Background Check System.

Joyce, David P. (R-OH)

H.R. 8058, Fighting Post-Traumatic Stress Disorder Act: This bill requires the Office of Community Oriented Policing Services within the Department of Justice to report on one or more proposed programs to make treatment or preventative care available to public safety officers and public safety telecommunicators for job-related post-traumatic stress disorder or acute stress disorder. The report must also include draft legislative language related to each proposed program, as well as the estimated cost for administering each proposed program.

Kaptur, Marcy (D-OH) – Mental Health Caucus Member

H.R. 3595, Law Enforcement Training for Mental Health Crisis Response Act: This bill authorizes the Office of Justice Programs within the Department of Justice to award grants to law enforcement and corrections agencies for behavioral health crisis response training.

Katko, John (R-NY) – Mental Health Caucus Co-Chair

H.R. 3150, Mental Health Professionals Workforce Shortage Loan Repayment Act: This bill requires the Health Resources and Services Administration to establish a loan repayment program for mental health professionals who work in designated workforce-shortage areas.

Latta, Robert E. (R-OH)

H.R. 1580, Improving Access to Alternative Pain Management Act: This bill allows psychological evaluation requirements for Medicare coverage of specified neurostimulation services to be met via telehealth. The bill also expands Medicare coverage to include such telehealth services.

H.R. 1001, CRISIS Act: This bill increases the authorization of FY2022-2023 appropriations for crisis care under the Community Mental Services Block Grant program for adults with serious mental illnesses and children with serious emotional disturbances. The bill also requires states and territories to expend a certain percentage of their grant funds on evidence-based crisis care activities such as crisis call centers, 24/7 mobile crisis services, and crisis stabilization programs in hospitals or other licensed facilities.

Lee, Barbara (D-CA) – Mental Health Caucus Member

H.R. 2035, Improving Access to Mental Health Act: This bill increases the Medicare reimbursement rate for clinical social worker services. The bill excludes clinical social worker services from the prospective payment system in which predetermined amounts form the basis for payment under Medicare. Additionally, the bill alters the definition of clinical social worker services as it relates to Medicare. Under current law, such services (1) include services performed for the diagnosis and treatment of mental illnesses, and (2) exclude services furnished to an inpatient of a skilled nursing facility as a condition of the facility's participation in the Medicare program. The bill repeals these provisions and instead specifies that such services include certain types of health behavior assessment and intervention.

Lee, Susie (D-NV) – Mental Health Caucus Member

***H.R. 8722, Expanding Access to Mental Health Training Act: This bill reauthorizes through FY2027 grants for training teachers and other school personnel to recognize the symptoms of childhood and adolescent mental health disorders. These grants are awarded by the Substance Abuse and Mental Health Services Administration to states, localities, Indian tribes, and nonprofits.

H.R. 2929, Virtual Peer Support Act: This bill appropriates funding for grants to transition behavioral health peer support services that are provided at no cost to participants from in-person to virtual platforms or to otherwise expand these kinds of virtual services. Specifically, the Substance Abuse and Mental Health Services Administration must award competitive grants to certain consumer-controlled or consumer-run organizations and tribal communities. Among other eligibility requirements for these grants, entities must have offered certain behavioral health services at no cost to participants before the declaration of the COVID-19 (i.e., coronavirus disease 2019) public health emergency.

Maloney, Carolyn B. (D-NY)

H.R. 7803, Michelle Alyssa Go Act: This bill removes certain limitations relating to Medicaid coverage of services provided in institutions for mental diseases (IMDs). Current law generally prohibits federal payment under Medicaid for services provided in IMDs with more than 16 beds for individuals under the age of 65 (although states may receive payment through certain mechanisms, such as through a Medicaid

demonstration waiver). The bill removes the age limitation and allows any institution to qualify as an IMD, regardless of the number of beds, if it primarily treats individuals with mental diseases and meets nationally recognized standards for mental health or substance use disorder programs, as approved by the Centers for Medicare & Medicaid Services.

Manning, Kathy E. (D-NC)

H.R. 8229, Telemental Health Parity Act: This bill requires private health insurance plans to apply benefits for mental health or substance use disorder services that are furnished via telehealth in the same manner as those services that are furnished in person. Under current mental health parity rules, insurance plans that provide benefits for mental health or substance use disorder services are generally required to make those benefits comparable to the benefits the plan provides for medical and surgical care.

Matsui, Doris O. (D-CA) – Mental Health Caucus Member

H.R. 7427, To amend title XI of the Social Security Act to require CMI testing of incentive payments for behavioral health providers and certain other providers for adoption and use of certified electronic health record technology, and for other purposes.

H.R. 4323, Excellence in Mental Health and Addiction Treatment Act: This bill increases the number of states that may participate in two-year Medicaid demonstration programs that improve access to community mental health services. It also provides for additional grants to certified community behavioral health clinics.

McBath, Lucy (D-GA) – Mental Health Caucus Member

H.R. 7537, Help for Healing Communities Act: To amend title V of the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to establish a program under which the Secretary will award grants to eligible entities to provide community-based mental health services in communities in which an active shooter event or incident of targeted violence occurred, and for other purposes.

McKinley, David B. (R-WV)

H.R. 280, PDMPs Help Patients Act: This bill directs the Department of Health and Human Services (HHS) to establish a grant program to test the feasibility of integrating substance use disorder and behavioral health treatment locator tools into prescription drug monitoring programs. HHS may award grants to up to five states.

Moore, Gwen (D-WI)

***H.R. 8886, Promoting Clarity in Mental Health and Substance Use Disorder Treatment Act: To amend the Public Health Service Act, Internal Revenue Code of 1986, and Employee Retirement Income Security Act of 1974 to ensure mental health and substance use disorder benefits are defined pursuant to external benchmarks based on nationally recognized standards.

Mrvan, Frank J. (D-IN)

***H.R. 8887, To direct the National Institute for Occupational Safety and Health to establish an occupational research program on mental health.

Napolitano, Grace F. (D-CA) – Mental Health Caucus Co-Chair

H.Res. 1093, Expressing support for the designation of May 2022 as “Mental Health Awareness Month”: This resolution supports the designation of Mental Health Awareness Month and declares mental health a national priority.

H.R. 2611, Increasing Behavioral Health Treatment Act: This bill repeals restrictions that generally prohibit federal payment under Medicaid for services provided in institutions for mental diseases (IMDs) for individuals under the age of 65. (Currently, states may receive payment for such services through certain mechanisms, such as through a Medicaid demonstration waiver.) The bill also requires state Medicaid programs that cover IMD services to improve patient access to outpatient and community-based behavioral health care, expand crisis stabilization services, facilitate care coordination between providers and first responders, and report specified information relating to IMD utilization and costs.

H.Res. 365, Expressing support for the designation of May 2021 as "Mental Health Awareness Month": This resolution supports the designation of Mental Health Awareness Month and declares mental health a national priority.

Neguse, Joe (D-CO)

H.R. 6076, Compacts, Access, and Responsible Expansion for Mental Health Professional Act: This bill establishes a grant program to promote interstate licensure compacts for mental health professionals. These are licensure agreements enacted by two or more states to mutually recognize the licenses of counselors, psychiatrists, psychologists, or pediatric mental health professionals. The Health Resources and Services Administration must award grants to interstate compact commissions or professional licensing boards. Recipients may use grants for projects to (1) incentivize mental health professionals to practice in states with interstate licensure compacts, and (2) develop or maintain interstate compact commissions.

H.R. 5282, Care for our Firefighters Act: This bill establishes a program and provides additional leave to support mental health for federal wildland firefighters. The Department of Agriculture and the Department of the Interior must carry out a mental health awareness and support program for federal wildland firefighters. Components of the program must include an awareness campaign, relevant education and training, a peer-to-peer mental health support network, and increased access to mental health benefits. The bill also entitles each federal wildland firefighter to seven consecutive days of leave to be taken between June 1 and October 31 of each calendar year to maintain mental health. Leave not taken during that period expires.

Newman, Marie (D-IL) – Mental Health Caucus Member

H.R. 7921, Trauma Informed Practices for Workforce Development Act: To amend the Workforce Innovation and Opportunity Act to require an action plan in each local plan for entities within the one-stop delivery system to meet the needs of individuals who have experienced trauma, mental health challenges, or substance use disorder, and for other purposes.

H.R. 4843, Assisting School Mental Health Professionals Through Work Study Act: This bill adds assisting school-based mental health professionals to the list of community services in which undergraduate, graduate, and professional students may participate under the Federal Work-Study Program. Specifically, the bill revises the definition of community services to include activities in which the student assists a mental health professional with appropriate tasks (e.g., administrative assistance) so long as the professional is (1) a school-based mental health services provider, or (2) an overseer of a school-based mental health services provider.

Norcross, Donald (D-NJ) – Mental Health Caucus Member

H.R. 1364, Parity Enforcement Act: This bill provides authority for the Department of Labor to enforce the parity requirements for group health plans with respect to the coverage of mental health and substance use disorder benefits.

Pallone, Frank (D-NJ)

H.R. 7666, Restoring Hope for Mental Health and Well-Being Act: This bill reauthorizes through FY2027, expands, and modifies programs, grants, and activities that focus on mental and behavioral health. Specifically, the bill reauthorizes and modifies the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program, the Community Mental Health Services Block Grant, the Substance Abuse Prevention and Treatment Block Grant, the Pediatric Mental Health Care Access Grant, the National Suicide Prevention Lifeline program, grants related to suicide prevention, and grants to support the behavioral health workforce. Additionally, the bill expands access to opioid and other substance use disorder prevention, treatment, and recovery support services. For example, the bill (1) eliminates a provision that generally requires individuals to be addicted to opioids for at least a year before being admitted to an opioid treatment program, and (2) promotes access to high-quality recovery housing. Other matters addressed by the bill include coordination of federal efforts related to behavioral health; maternal mental health and substance use disorders; prevention and treatment of mental and behavioral health issues for veterans, members of the Armed Forces, first responders, tribal populations, and other specified groups; best practices for a crisis response continuum of care; eating disorders; school-based mental health services; coverage of mental and behavioral health care through Medicaid and the Children's Health Insurance Program, including for juveniles in public institutions; oversight of pharmacy benefit managers; compliance with federal mental health parity requirements, including by self-funded, nonfederal insurance plans; and integration of behavioral health in primary care settings.

^Passed the U.S. House of Representatives on June 6, 2022

Pascrell, Bill (D-NJ)

H.R. 2992, TBI and PTSD Law Enforcement Training Act: This bill requires the Bureau of Justice Assistance (BJA) to consult with relevant agencies to establish crisis intervention training tools for first responders to address individuals with traumatic brain injuries, acquired brain injuries, and post-traumatic stress disorder. The BJA must ensure that at least one police department designated as a Law Enforcement Mental Health Learning Site utilizes the tools and that such tools are part of the Police-Mental Health Collaboration Toolkit. Additionally, the bill requires the Centers for Disease Control and Prevention to study and report about the prevalence and incidence of concussions among first responders.

^Passed the U.S. House of Representatives on May 18, 2022; Signed into law on August 16, 2022

Pocan, Mark

***H.R. 8863, Words Matter Act: This bill removes outdated terminology in specified statutes by replacing references to mentally retarded and mental retardation with intellectual disability.

Porter, Katie (D-CA) – Mental Health Caucus Member

H.R. 8542, Mental Health Justice Act: This bill creates a grant program for states, tribal entities, and local governments to train and dispatch mental health professionals to respond, instead of law enforcement officers, to emergencies that involve people with behavioral health needs. The Substance Abuse and Mental Health Services Administration (SAMHSA) must manage the program in consultation with the Department of Justice (DOJ). SAMHSA may cancel grants that increase incarceration or institutionalization. The Department of Health and Human Services and DOJ must evaluate this program.

H.R. 8512, Behavioral Health Coverage Transparency Act: To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to strengthen parity in mental health and substance use disorder benefits.

H.R. 7254, Mental Health Justice and Parity Act: This bill creates a grant program for mental health first responder units. It also eliminates a provision that permits nonfederal government health insurance plans that are self-funded to opt out of requirements to provide parity between coverage of medical services and mental health services. Specifically, the Substance Abuse and Mental Health Services Administration (SAMHSA) must award grants to states and local governments to train and dispatch mental health professionals to respond,

instead of law enforcement officers, to emergencies that involve people with behavioral health needs. SAMHSA must manage the program in consultation with the Department of Justice (DOJ). SAMHSA may cancel grants that increase incarceration or institutionalization. Grantees must use funds for purposes including de-escalation and anti-racism training. The Department of Health and Human Services and the DOJ must evaluate this program.

H.R. 1368, Mental Health Justice Act: This bill creates a grant program for states and local governments to train and dispatch mental health professionals to respond, instead of law enforcement officers, to emergencies that involve people with behavioral health needs. The Substance Abuse and Mental Health Services Administration (SAMHSA) must manage the program in consultation with the Department of Justice (DOJ). SAMHSA may cancel grants that increase incarceration or institutionalization. Grantees must use funds for purposes including de-escalation and anti-racism training. The Department of Health and Human Services and the DOJ must evaluate this program.

Reschenthaler, Guy (R-PA) – Mental Health Caucus Member

H.R. 7483, Cost of Mental Illness Act: To direct the Secretary of Health and Human Services to conduct a study on the direct and indirect costs of serious mental illness for nongovernmental entities, the Federal Government, and State, local, and Tribal governments, and for other purposes.

Ruiz, Raul (D-CA)

H.R. 1205, Improving Mental Health Access from the Emergency Department Act: This bill authorizes a grant program for emergency departments to increase access to follow-up psychiatric services for individuals who present for care of acute mental-health episodes. The Substance Abuse and Mental Health Services Administration may award these grants.

^Passed the U.S. House of Representatives on May 12, 2021

Ruppersberger, C.A. Dutch (D-MD)

H.R. 1260, Bipartisan Solution to Cyclical Violence Act: This bill directs the Department of Health and Human Services to establish a grant program for specified trauma centers and nonprofits to establish or expand intervention or prevention programs related to intentional violent trauma, excluding intimate partner violence.

^Passed the U.S. House of Representatives on May 12, 2021

Scott, Robert C. "Bobby" (D-VA)

H.R. 8166, Justice and Mental Health Collaboration Reauthorization Act: This bill modifies and reauthorizes through FY2026 the Justice and Mental Health Collaboration Program. The program provides state, local, and tribal grants to improve the criminal justice system's response to people with mental health disorders. Among the modifications, the bill allows funds for diversion and alternative prosecution and sentencing programs to be used for training for state and local prosecutors related to diversion programs; allows funds for multidisciplinary teams to be used to support police officers and mental health crisis workers responding together to mental health calls; and allows grants to be awarded for additional purposes such as suicide prevention programs and services, case management services, and state and local implementation of the 988 suicide hotline. Additionally, the bill reauthorizes through FY2026 the requirement for the Department of Justice to examine and report on the prevalence of mentally ill offenders in prisons and jails.

^ Senate companion passed the U.S. House of Representatives on November 29, 2022

Sewell, Terri A. (D-AL)

***H.R. 8892, Access to Mental Health Services Act: This bill requires the Department of Health and Human Services (HHS), jointly with other relevant agencies, to conduct outreach about the federal requirements relating to the availability of, and limitations for, coverage of mental health and substance use disorder crisis

services under private health insurance plans. HHS also must report about the coverage of such services under private insurance plans, including what services are covered, the types of providers furnishing the services, and common reimbursement approaches.

Smith, Adam (D-WA)

*****H.R. 8979, Behavioral Health Crisis Care Centers Act:** This bill requires the Department of Health and Human Services to establish a grant program for states, Indian tribes, territories, and localities to support one-stop crisis facilities. These are facilities that provide behavioral health, substance use disorder, and housing services at a single location, as well as coordinate with other services available in the community.

H.R. 1859, 911 Diversion to Unarmed Personnel Act: This bill authorizes grants to dispatch unarmed, specialized health care or social service providers to respond to nonviolent 9–1–1 calls instead of law enforcement officers. The Substance Abuse and Mental Health Services Administration may award grants to states and other jurisdictions for this purpose.

Smith, Jason (R-MO)

*****H.R. 8910, Behavioral Health Integration Awareness Act:** To direct the Secretary of Health and Human Services to provide outreach and reporting on certain behavioral health integration services furnished under the Medicare program.

Stefanik, Elise (R-NY)

*****H.R. 9398, U.S. Customs and Border Protection Behavioral Health Act:** To amend the Homeland Security Act of 2002 to provide for behavioral health of U.S. Customs and Border Protection, and for other purposes.

Thompson, Mike (D-CA) – Mental Health Caucus Member

H.R. 7279, Mental Health Research Accelerator Act: This bill allows a tax credit through 2031 for 25% of expenses for translational research regarding neurodegenerative diseases and psychiatric conditions. The credit amount is subject to limitations, including an aggregate national limitation of \$1 billion in 2022, \$2 billion in 2023-2027, and \$1 billion in 2028.

H.R. 432, Mental Health Access Improvement Act: This bill provides for coverage of marriage and family therapist services and mental health counselor services under Medicare. It also excludes such services from the skilled nursing facility prospective payment system, and authorizes marriage and family therapists and mental health counselors to develop discharge plans for post-hospital services.

Tonko, Paul (D-NY) – Mental Health Caucus Member

*****H.R. 9201, Community Mental Wellness and Resilience Act:** This bill requires the Centers for Disease Control and Prevention to award competitive grants to consortia that represent various community entities (e.g., schools, businesses, and health and human services providers) for carrying out community mental wellness and resilience programs that use a public health approach.

H.R. 5674, Medicare Mental Health Inpatient Equity Act: This bill removes the 190-day lifetime limit on inpatient psychiatric hospital services under Medicare.

H.R. 3450, Medicaid Bump Act: This bill increases the Medicaid federal matching rate, also known as the Federal Medical Assistance Percentage (FMAP), for behavioral health expenses that exceed prior levels (i.e., as of March 31, 2019). The Centers for Medicare & Medicaid Services must specify which services are eligible for the increased FMAP. States must use funds to supplement state funding for programs in effect as of April 1, 2021, and to increase the capacity, efficiency, and quality of services.

H.R. 955, Medicaid Reentry Act: This bill allows Medicaid payment for medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release. The Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission must report on specified information relating to the accessibility and quality of health care for incarcerated individuals, including the impact of the bill's changes.

Trone, David J. (D-MD) – Mental Health Caucus Member

H.Res. 1141, Expressing support for the designation of the week of May 23 through 27, 2022, as "Educator Mental Health Awareness Week": This resolution supports the designation of Educator Mental Health Awareness Week.

H.R. 8391, CONNECT Act: This bill requires the Substance Abuse and Mental Health Services Administration to award grants to certain crisis centers for providing follow-up care to individuals who receive suicide prevention and crisis intervention services.

H.R. 6943, Public Safety Office Support Act: This bill extends death and disability benefits under the Public Safety Officers' Benefits Program (PSOB) to certain public safety officers and survivors of public safety officers who suffer from post-traumatic stress disorder or acute stress disorder following a stressful situation while on duty. The PSOB program provides death, disability, and education benefits to public safety officers and survivors of public safety officers who are killed or injured in the line of duty.

^Passed the U.S. House of Representatives on May 18, 2022; Signed into law on August 16, 2022

H.R. 3070, COPS Counseling Act: This bill sets forth requirements related to peer support counseling programs. A peer support counseling program is a program provided by a law enforcement agency that provides counseling services from a peer support specialist to a law enforcement officer of the agency. Among other things, the bill does the following: generally prohibits the disclosure of the contents of a peer support communication, and requires the Department of Justice to develop best practices and professional standards for peer support counseling programs.

^Senate companion passed the U.S. House of Representatives on October 27, 2021; Senate companion signed into law on November 18, 2021

H.R. 1385, Behavioral Health Coordination and Communication Act: This bill establishes, within the Executive Office of the President, the position of Interagency Coordinator for Behavioral Health to coordinate federal programs and activities concerning mental health and substance use disorders. Federal departments and agencies must notify the coordinator when developing or implementing policies related to behavioral health. The Government Accountability Office must report on the impact of the coordinator on relevant programs and must study issues related to behavioral health services in school settings and in the juvenile justice system.

Underwood, Lauren (D-IL)

H.R. 3550, Primary and Behavioral Health Care Access Act: This bill requires private health insurance plans to cover, without cost sharing, three primary care visits and three behavioral health care visits during a plan year.

Wild, Susan (D-PA) – Mental Health Caucus Member

H.R. 3127, Safe Interactions Act: This bill requires the Department of Health and Human Services to award grants to nonprofit disability organizations to develop training programs for law enforcement officers who may encounter individuals with disabilities.

MILITARY & VETERANS

Axne, Cynthia (D-IA)

H.R. 2441, Sgt. Ketchum Rural Veterans Mental Health Act: This bill requires the Department of Veterans Affairs (VA), during FY2022, to establish and maintain three new centers of the Rural Access Network for Growth Enhancement (RANGE) Program in areas with interest from personnel and a need for additional mental health care for rural veterans. The RANGE Program serves veterans in rural areas who are experiencing mental illness. The bill requires the Government Accountability Office to conduct a study and report on whether the VA has sufficient resources to serve rural veterans who need mental health care that is more intensive than traditional outpatient therapy.

^Passed the U.S. House of Representatives on May 18, 2021; Signed into law on June 30, 2021

Blunt Rochester, Lisa (D-DE) – Mental Health Caucus Member

H.R. 4627, Veterans' Culturally Competent Care Act: This bill requires the Department of Veterans Affairs (VA) to establish standards and requirements for the provision of mental health care by non-VA providers in the Veterans Community Care Program (VCCP). The established standards must be the same as the standards applicable to VA employees who provide mental health care. The VA must require non-VA mental health care providers to complete training courses on military culture, core competencies for health care professionals, suicide evaluation and management, post-traumatic stress disorder, traumatic brain injury, and military sexual trauma after the provider becomes approved under the VCCP. The VA must also (1) identify additional training areas for which to develop courses, and (2) require the non-VA providers to complete such courses.

Buchanan, Vern (R-FL)

H.R. 67, Veteran Overmedication and Suicide Prevention Act: This bill requires the Department of Veterans Affairs (VA) to contract with the National Academies of Sciences, Engineering, and Medicine to report on the deaths of covered veterans who died by suicide during the last five years, regardless of whether information relating to such deaths has been reported by the Centers for Disease Control and Prevention. A covered veteran is any veteran who received VA hospital care or medical services during the five-year period preceding the veteran's death. Among other elements, the report shall include the total number of covered veterans who died by suicide, violent death, or accidental death, as well as certain demographic information.

Carbajal, Salud O. (D-CA)

***H.R. 9164, To amend title 38, United States Code, to provide for the retroactive payment of benefits for veterans with covered mental health conditions based on military sexual trauma, and for other purposes.

Delgado, Antonio (D-NY)

H.R. 5073, REACH for Veterans Act: This bill requires the Department of Veterans Affairs (VA) to update training and procedures for call responders of the Veterans Crisis Line. Specifically, the VA must enter into an agreement with an outside organization to review the training for crisis line call responders. The VA must update the training if any deficiencies are identified after the review. Among other requirements, the VA must develop guidelines on retraining and quality management for when a call responder has an adverse event or needs improvement, annually perform a common cause analysis for identified callers to the crisis line who died by suicide in situations where the crisis line was the last point of contact, develop enhanced guidance and procedures to respond to calls to the crisis line related to substance use and overdose risk, review the current emergency dispatch standard operating procedure of the crisis line, and solicit feedback from veterans service organizations on how to conduct outreach regarding the move to 988 as the new suicide and mental health crisis hotline. Each call responder must be subject to at least two calls per month that are silently monitored by a supervisor to check for quality of conduct. The Veterans Crisis Line, Office of Mental Health and Suicide Prevention of the VA, and National Center for Patient Safety of the VA must establish quality management processes and expectations for staff of the crisis line.

H.R. 2724, VA Peer Support Enhancement for MST Survivors Act: This bill requires the Department of Veterans Affairs to ensure that each individual who files a claim relating to military sexual trauma is assigned a peer support specialist during the claims process, unless the individual elects to not have such support. Under the bill, a peer support specialist must be trained as a victim advocate and may not be responsible for any part of adjudicating the individual's claim.

^Passed the U.S. House of Representatives on May 18, 2022

Garbarino, Andrew R. (R-NY)

H.R. 1123, Veteran Suicide Prevention Act: This bill requires the Department of Veterans Affairs (VA) to complete a review of the deaths of all covered veterans who died by suicide during the five-year period preceding the enactment of this bill. Covered veterans are those who received VA hospital care or medical services during the five-year period preceding the death of the veteran. The VA shall report on the results of the review and make such report publicly available.

Gonzalez, Anthony (R-OH) – Mental Health Caucus Member

H.R. 2778, Daniel J. Harvey Jr. and Adam Lambert Improving Servicemember Transition to Reduce Veteran Suicide Act: This bill requires the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to jointly implement a five-year pilot program to assess the feasibility and advisability of providing specified counseling and services as part of the Transition Assistance Program for members of the Armed Forces as a means of reducing the incidence of suicide among veterans. Specifically, the pilot program would involve a three-hour counseling module and the provision of contact information for a counseling or similar facility in the locality where the veteran intends to reside. Additionally, the participating veterans must submit medical records in connection with their service in the Armed Forces, regardless of whether they intend to file a claim for benefits for a service-connected disability. Under the program, a social worker or behavioral health coordinator from the VA must contact the veteran within 90 days after the member is discharged or released from service to schedule a follow-up appointment. At least 10 DOD Transition Assistance Centers must be jointly selected to carry out the pilot program.

González-Colón, Jenniffer (R-PR)

H.R. 5061, Mental Health Stigma in the Military Act: This bill requires the Department of Defense to implement a pilot program through July 1, 2022, to survey access to mental health care under the military health system. Command climate surveys must be administered to active-duty service members of not fewer than 20 commands, 10 of which must be deployable, in each military department.

Hartzler, Vicky (R-MO) – Mental Health Caucus Member

H.R. 4882, Connecting the Community To End Military Suicide Act: This bill requires each military department to authorize its respective service members to take up to two weeks of permissive temporary duty each year to attend a seminar, retreat, workshop, or outdoor recreational therapy event hosted by a nonprofit organization that focuses on psychological, physical, spiritual, or social wellness.

Houlahan, Chrissy (D-PA)

H.R. 4824, Stop Copay Overpay Act: This bill prohibits the Department of Defense (DOD) from charging a covered individual (i.e., individuals enrolled under the TRICARE program) a co-payment exceeding a certain rate for an outpatient visit for mental health or behavioral health under the TRICARE program, regardless of whether the visit is furnished by a specialty care provider. Specifically, the co-payment amount may not exceed the amount of a co-payment that would be charged under the TRICARE program for an outpatient visit for primary care services. During the one-year period after this bill is enacted, DOD may not increase the co-payment amount charged to a covered individual for any service (1) furnished by a specialty care provider under the TRICARE program, and (2) that is not mental or behavioral health care.

Joyce, David (R-OH)

H.R. 5352, Military Suicide Prevention in the 21st Century Act: This bill requires the Department of Defense to carry out a two-year pilot program to program suicide prevention resources onto smart devices issued to members of the Armed Forces and to provide training on these resources.

Lee, Susie (D-NV) – Mental Health Caucus Member

H.R. 6273, VA Zero Suicide Demonstration Project Act: This bill requires the Department of Veterans Affairs (VA) to establish the Zero Suicide Initiative pilot program for the purpose of improving safety and suicide care for veterans. The program must be implemented at five VA medical centers, including one that serves veterans in rural and remote areas.

Levin, Mike (D-CA)

H.R. 7891, TIER Act: To amend title 10, United States Code, to establish new pathways for counseling in the Transition Assistance Program of the Department of Defense.

Miller-Meeks, Mariannette (R-IA) – Mental Health Caucus Member

H.R. 5645, Save Our Servicemembers Act: This bill requires the Office of the Under Secretary of Defense for Personnel and Readiness within the Department of Defense (DOD) to evaluate and standardize DOD's suicide prevention efforts. Specifically, the bill directs the Defense Suicide Prevention Office to collaborate with each military department to (1) develop and implement a process to ensure that individual nonclinical suicide prevention efforts are assessed for effectiveness, and (2) develop consistent suicide-related definitions for use throughout DOD. The bill also requires the use of such suicide-related definitions in any updated policies of DOD or each military department.

Moulton, Seth (D-MA) – Mental Health Caucus Member

H.R. 3942, Brandon Act: This bill modifies the regulatory requirement for referrals by commanding officers and supervisors of members of the Armed Forces for mental health evaluations. Specifically, the regulations must (1) establish a phrase that enables the member to trigger a referral for a mental health evaluation, (2) require a commanding officer or supervisor to make such referrals as soon as practicable following disclosure by the member of the established phrase, and (3) ensure that the process protects the confidentiality of the member.

H.R. 1309, SERVE Act: This bill provides for inpatient and outpatient treatment of eating disorders under TRICARE for dependents of members of the uniformed services. Dependents are eligible for such care regardless of (1) their age, except with respect to residential service; and (2) whether the eating disorder is their primary or secondary diagnosis. The bill also requires the Department of Defense (DOD) and the Department of Homeland Security (with respect to the Coast Guard) to identify, treat, and rehabilitate members of the armed forces who have an eating disorder. Finally, DOD and the Department of Veterans Affairs must jointly develop, publish, and disseminate clinical practice criteria and guidelines on the identification and treatment of eating disorders.

Murphy, Gregory (R-NC)

H.R. 4233, Student Veterans Counseling Centers Eligibility Act: This bill requires the Department of Veterans Affairs (VA) to furnish counseling, including counseling through a Vet Center, to veterans or members of the Armed Forces who are pursuing a course of education using specified Department of Defense or VA educational assistance benefits. Specifically, such counseling must be provided to veterans or members of the Armed Forces who are utilizing educational assistance benefits under the Montgomery GI Bill (Active Duty), Montgomery GI Bill (Selected Reserve), Veteran Readiness and Employment program, Post-Vietnam Era

Veterans Educational Assistance Program, Post-9/11 GI Bill, Reserve Educational Assistance Program, VA High Technology Pilot Program, or Veteran Rapid Retraining Assistance Program.

^ Passed the U.S. House of Representatives on November 16, 2021

Neguse, Joe (D-CO)

***H.R. 8386, To direct the Secretary of Veterans Affairs to establish internship programs relating to behavioral health, and for other purposes.: This bill requires the Department of Veterans Affairs (VA) to establish paid predoctoral and postdoctoral internship programs for the purpose of training licensed officials (e.g., licensed professional counselors) to work as VA behavioral health providers at VA medical facilities. As a condition of participating in such an internship program, the participant must enter into an agreement with the VA to work on a full-time basis as a behavioral health provider for a period of time that is at least equivalent to the period of participation in the internship program.

H.R. 1014, Veterans National Traumatic Brain Injury Treatment Act: This bill requires the Department of Veterans Affairs to implement a five-year pilot program to furnish, under the Veterans Community Care Program, hyperbaric oxygen therapy to veterans with traumatic brain injuries or post-traumatic stress disorder.

Pappas, Chris (D-NH) – Mental Health Caucus Member

H.R. 2797, National Green Alert Act: This bill establishes the Green Alert System Advisory and Support Committee to develop best practices and provide technical assistance to states for the implementation of green alert systems, which would be activated when a veteran with a history of mental health issues goes missing.

Peters, Scott H. (D-CA) – Mental Health Caucus Member

H.Res. 1206, Expressing support for the designation of the month of June 2022 as "National Post-Traumatic Stress Injury Awareness Month" and June 27, 2022, as "National Post-Traumatic Stress Injury Awareness Day": This resolution supports the designations of National Post-Traumatic Stress Injury Awareness Month and National Post-Traumatic Stress Injury Awareness Day. The resolution supports (1) the education of members of the Armed Forces, veterans, their families, and the public about post-traumatic stress; and (2) efforts by the Department of Veterans Affairs and the Department of Defense to foster cultural change around the issue of post-traumatic stress. The resolution also encourages the leadership of the Armed Forces to support treatment of members of the Armed Forces who suffer from post-traumatic stress.

H.Res. 50, Expressing support for the designation of the month of June 2021 as "National Post-Traumatic Stress Injury Awareness Month" and June 27, 2021, as "National Post-Traumatic Stress Injury Awareness Day": This resolution supports the naming of new or undedicated Department of Veterans Affairs facilities after women veterans and minority veterans to reflect the diversity of all who have served in the Armed Forces.

Phillips, Dean (D-MN)

H.R. 3674, Vet Center Support Act: This bill requires the Department of Veterans Affairs (VA) to report on the mental health care furnished by the VA to veterans in states and territories of the United States that have a ratio of one Vet Center per 100,000 or more veterans.

Rouzer, David (R-NC)

H.R. 5029, Expanding the Families of Veterans Access to Mental Health Services Act: The bill expands eligibility for readjustment counseling and related mental health services, including through a Vet Center, to family members of a veteran or member of the Armed Forces who died by suicide.

Rutherford, John H. (R-FL) – Mental Health Caucus Member

H.R. 1022, PAWS Act: This bill requires the Department of Veterans Affairs (VA) to implement a grant program for the purpose of pairing service dogs with eligible veterans. Organizations that receive grants must provide veterinary health insurance coverage, hardware, and travel expenses for each service dog and veteran participating in the program. Eligible veterans are those who (1) are enrolled in the VA health care system, (2) have been evaluated and treated for post-traumatic stress disorder (PTSD) but remain diagnosed with PTSD, (3) may benefit from a service dog, and (4) agree to successfully complete training provided by an eligible organization. Veterans are required to see a VA health care provider at least once every six months to determine whether the veteran continues to benefit from a service dog. Eligible organizations are nonprofit organizations that provide service dogs to veterans with PTSD, meet publicly available standards set forth by the Association of Service Dog Providers for Military Veterans, have expertise in the needs of veterans with PTSD, agree to cover all costs in excess of the grant amount to guarantee the benefits of the program, agree to reaccept or replace a service dog provided to a veteran, and submit an application to the VA. Any improvement in PTSD symptoms as a result of the provision of a service dog shall not affect the veteran's eligibility for any other VA benefits. The Government Accountability Office must report on the grant program.

Sherrill, Mikie (D-NJ) – Mental Health Caucus Member

H.R. 5543, Vet CENTERS for Mental Health Act: To direct the Secretary of Veterans Affairs to increase the number of Vet Centers in certain States based on population metrics, and for other purposes.

Slotkin, Elissa (D-MI)

H.R. 5758, COMFORT Act: This bill authorizes the Office of Military Family Readiness Policy within the Department of Defense (DOD) to coordinate programs and activities for the provision of nonmedical counseling services to military families through the DOD Military and Family Life Counseling Program. Under the bill, nonmedical counseling services means mental health care services that are nonclinical, short-term, and solution-focused to address topics related to personal growth, development, and positive functioning. The bill authorizes mental health professionals to provide non-medical counseling services regardless of where the provider or recipient is located so long as the provision of service is within the scope of the authorized duties of the provider. For purposes of the bill, mental health professionals include licensed or certified mental health professionals or members of the uniformed services, civilian DOD employees, or DOD contractors.

Steil, Bryan (R-WI)

H.R. 5789, No Veteran Falls Through the Cracks Act: This bill requires the Department of Veterans Affairs to attempt to reschedule a veteran's mental health care appointment if the veteran has canceled such an appointment.

Steube, W. Gregory (R-FL) – Mental Health Caucus Member

H.Res. 299, Expressing support for naming surviving family members of veterans who die by suicide as "Gold Arrow Families": This resolution supports the naming of surviving family members of veterans who die by suicide as Gold Arrow Families. The resolution also promotes awareness for the needs of such family members and determines that suicide by veterans can be reduced through the adoption of programs and legislation that provide Gold Arrow Families with resources.

Stivers, Steve (R-OH) – Mental Health Caucus Member

H.R. 1448, Puppies Assisting Wounded Servicemembers for Veterans Therapy Act: This bill implements a program and a policy related to service dog therapy for veterans. Specifically, the bill requires the Department of Veterans Affairs (VA) to implement a five-year pilot program to provide canine training to eligible veterans diagnosed with post-traumatic stress disorder as an element of a complementary and integrative health program. Eligible veterans are those who are enrolled in the VA health care system and have been recommended for participation by a qualified mental health care provider or clinical team. The VA must seek to

enter agreements containing specified elements with accredited nongovernmental entities that have demonstrated ability to provide canine training. Veterans who participate in the program are authorized to adopt the dog they assisted in training if their health provider determines it is in the best interest of the veteran. The VA must establish processes to document and track the progress of participating veterans with respect to health benefits and improvements. The Government Accountability Office must brief Congress and submit a report on the program. The bill also authorizes the VA to provide service dogs to veterans with mental illnesses, regardless of whether they have a mobility impairment.

^Passed the U.S. House of Representatives on May 12, 2021; Signed into law on August 25, 2021

Takano, Mark (D-CA)

***H.R. 7589, REMVOE Copays Act: This bill prohibits the Department of Veterans Affairs from imposing or collecting any co-payment for a veteran's first three mental health outpatient care visits in a calendar year. However, such prohibition must not apply with respect to the imposition or collection of copayments for medications.

^Passed the U.S. House of Representatives on September 28, 2022

H.R. 6411, STRONG Veterans Act: This bill addresses mental health care provided by the Department of Veterans Affairs (VA), including by requiring the VA to update training for the VA workforce and Veterans Crisis Line staff, implement pilot programs, expand access to mental health care, conduct studies and research, and provide outreach to veterans regarding mental health resources. Among other requirements, the VA must ensure its medical centers have at least one full-time minority veteran coordinator and that such coordinators receive training on culturally appropriate mental health and suicide prevention services for American Indian and Alaska Native veterans; increase the number of full-time equivalent employees at Vet Centers and paid mental health trainees in the VA's workforce; expand specified scholarships and loan repayment programs for mental health providers and students; review and update the training for Veterans Crisis Line responders and social service assistants; designate a Buddy Check Week to organize outreach events and educate veterans on conducting peer wellness checks; update the Veterans Justice Outreach Program, including by conducting program outreach to justice-involved veterans; make permanent and expand the Peer Specialist Support program; expand eligibility for Vet Center services; offer mental health consultations to certain veterans; improve the assessment and treatment of veterans with sleep disorders; and perform various studies and research related to mental health issues and care. Additionally, the bill permanently authorizes and expands the Solid Start program.

^Passed the U.S. House of Representatives on June 23, 2022

H.Res. 337, Congratulating the Department of Veterans Affairs on 75 years of psychology training and expansion of access to mental health care for veterans by expressing support for the designation of April 19 through April 23, 2021, as "VA Psychology Recognition Week".: This resolution expresses the support of the House of Representatives for the designation of VA Psychology Recognition Week.

Underwood, Lauren (D-IL)

H.R. 2749, Lethal Means Safety Training Act: This bill requires the Department of Veterans Affairs (VA) to update its Lethal Means Safety and Suicide Prevention training course at least once a year to ensure it is culturally appropriate and uses best practices identified by subject matter experts (e.g., veterans service organizations). The bill requires certain VA employees and care providers to take the most recently updated version of the training course within 90 days after the person is hired, agrees to furnish care, or receives support and at least annually thereafter. Specifically, the bill requires the following categories of VA employees or care providers to take the training course: employees of the Veterans Health Administration or Veterans Benefits Administration who regularly interact with veterans, compensation and pension examiners, employees of Veterans Centers or vocational rehabilitation facilities, employees of Veterans Community Care Providers who provide care to veterans, and family caregivers receiving support under the Program of Comprehensive Assistance for Family Caregivers. The VA must publish the training course on a publicly available VA website.

Additionally, the VA must publish a report on its website that includes the percentage of individuals in each category who have completed such training.

H.R. 958, Protecting Moms Who Served Act: This bill requires the Department of Veterans Affairs (VA) to implement the maternity care coordination program. The VA must provide community maternity care providers (i.e., non-VA maternity care providers) with training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions in relation to the service of the veterans in the Armed Forces. Additionally, the Government Accountability Office must report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a focus on racial and ethnic disparities in maternal health outcomes for veterans.

^Passed the U.S. House of Representatives on May 12, 2021

Van Drew, Jefferson (R-NJ)

H.R. 5036, To amend titles 36 and 38, United States Code, to direct the Secretary of Veterans Affairs to carry out actions for certain surviving family members of veterans deceased as the result of suicide, and for other purposes.

Waltz, Michael (R-FL)

H.R. 852, United States-Israel PTSD Collaborative Research Act: This bill establishes a grant program for collaborative efforts between the United States and Israel to advance research on post-traumatic stress disorders. The Department of Defense, in coordination with the Department of Veterans Affairs and the Department of State, shall award grants to eligible academic institutions or nonprofit entities in the United States. Work shall be conducted by the eligible entity and an entity in Israel under a joint research agreement.

Wittman, Robert J. (R-VA) – Mental Health Caucus Member

H.R. 5548, BRAVE Act: This bill requires the Department of Veterans Affairs (VA) to establish a patient outreach system under which it must ensure that veterans who are enrolled in the VA health care system and have experienced a traumatic or highly stressful event may elect to receive information and resources relating to mental health and available mental health care services. The VA must coordinate the system with the Transition Assistance Program of the Department of Defense.

Zeldin, Lee M. (R-NY)

H.R. 1476, PFC Joseph P. Dwyer Peer Support Program Act: This bill requires the Department of Veterans Affairs (VA) to establish the PFC Joseph P. Dwyer Peer Support Program to make grants to eligible entities for peer-to-peer mental health programs for veterans. Eligible entities include (1) a nonprofit organization that has historically served the mental health needs of veterans; (2) a congressionally chartered veteran service organization; or (3) a state, local, or tribal veteran service agency, director, or commissioner. The VA shall establish an advisory committee to create appropriate program standards.

TELEHEALTH

Bilirakis, Gus M. (R-FL) – Mental Health Caucus Member

H.R. 4036, EASE Behavioral Health Services Act: This bill removes restrictions that require the originating site (i.e., the location of the beneficiary) to be in a rural area, and allows the home of a beneficiary to serve as the originating site, for behavioral health telehealth services under Medicare. The bill also expands the scope of required guidance, studies, and reports to address the provision of such services under Medicaid.

Curtis, John R. (R-UT)

H.R. 5837, To amend title XVIII of the Social Security Act to expand access to telehealth services relating to substance use disorder treatment, and for other purposes: This bill modifies requirements relating to coverage of certain telehealth services under Medicare. Specifically, the bill permanently allows telehealth services for substance-use disorders and mental health disorders to be provided via audio-only technology and without an initial in-person evaluation. Schedule III or IV controlled substances may also be prescribed online if a practitioner has conducted a telehealth evaluation with video; certain opioid agonists may be prescribed via audio-only technology if the beneficiary initially lacks access to video technology but receives a follow-up evaluation via video within 10 days. The Department of Health and Human Services must establish an interagency task force to study the utilization and effect of opioid agonist prescriptions that are issued via telehealth.

Hern, Kevin (R-OK)

H.R. 8497, To amend title XVIII of the Social Security Act to remove in-person requirements under Medicare for mental health services furnished through telehealth and telecommunications technology.

Kildee, Daniel T. (D-MI)

H.R. 2228, Rural Behavioral Health Access Act: This bill allows for Medicare payment of outpatient critical access hospital (CAH) services consisting of telehealth behavioral therapy, including (1) audio-only services, if an individual does not have access to technology with both audio and visual capabilities; and (2) services provided to an individual who has not received in-person care at the CAH, if there is a plan of care that includes an in-person visit not later than one year after telehealth services are provided.

Matsui, Doris (D-CA) – Mental Health Caucus Member

H.R. 4058, Telemental Health Care Access Act: This bill eliminates certain restrictions relating to Medicare coverage of mental health services that are provided through telehealth. Current law allows for coverage of such services regardless of the geographic location of the originating site (i.e., the location of the beneficiary) after the end of the COVID-19 public health emergency, as long as the beneficiary previously received in-person services and continues to receive in-person services at specified intervals. The bill eliminates these in-person requirements.

McKinley, David B. (R-WV)

H.R. 1647, TREATS Act: This bill modifies requirements relating to coverage of certain telehealth services under Medicare. Specifically, the bill permanently allows telehealth services for substance-use disorders and mental health disorders to be provided via audio-only technology, if a physician or practitioner has already conducted an in-person or video telehealth evaluation. Schedule III or IV controlled substances may also be prescribed online if a practitioner has conducted a telehealth evaluation with video.

Rosendale Sr., Matthew M. (R-MT)

H.R. 4012, Expanding Access to Mental Health Services Act: This bill permanently allows for Medicare coverage of certain mental health services that are provided through telehealth, including audio-only services for certain categories of services (e.g., screenings and evaluations) in accordance with standards set by the Centers for Medicare & Medicaid Services.

SUICIDE PREVENTION

Beyer, Donald S., Jr. (D-VA) – Mental Health Caucus Member

H.R. 9036, Peer-to-Peer Suicide Prevention Act: This bill directs the Department of Education to establish a program to award grants to eligible entities (e.g., local educational agencies) for facilitating peer-to-peer suicide prevention programs for middle and high school students.

H.R. 2862, Campaign to Prevent Suicide Act: This bill requires the Centers for Disease Control and Prevention to develop, implement, and evaluate a national media campaign focused on suicide prevention.

^Passed the U.S. House of Representatives on May 12, 2021

H.R. 792, Barriers to Suicide Act: This bill requires the Department of Transportation (DOT) to establish a program to facilitate the installation of evidence-based suicide deterrents on bridges, including suicide prevention nets and barriers. DOT may award competitive grants to states and local governments to carry out the program. The Government Accountability Office must conduct a study to identify the types of structures, other than bridges, that attract a high number of individuals attempting suicide-by-jumping and the types of nets or barriers that are effective at reducing such suicides.

Bilirakis, Gus M. (R-FL) – Mental Health Caucus Member

H.R. 1324, Effective Suicide Screening and Assessment in the Emergency Department Act: This bill requires the Department of Health and Human Services to award grants to hospitals to improve their capacity to identify patients in emergency departments who are at risk of suicide and connect those patients with mental health treatments and services.

^Passed the U.S. House of Representatives on May 12, 2021

Brownley, Julia (D-CA)

H.R. 5436, Gun Suicide Prevention Act: This bill prohibits manufacturers and retailers from selling firearms unless the firearm includes a label with the toll-free telephone number for the National Suicide Prevention Lifeline.

DeSaulnier, Mark (D-CA) – Mental Health Caucus Member

H.R. 2648, Suicide Prevention Assistance Act: This bill requires the Substance Abuse and Mental Health Services Administration (SAMHSA) to award grants to primary care offices for self-harm and suicide prevention services, including screenings. SAMHSA must also develop standards of practice for conducting such screenings.

Jayapal, Pramila (D-WA) – Mental Health Caucus Member

H.R. 8361, Preventing Suicide Through Voluntary Firearm Purchase Delay Act: To help prevent suicide by giving people more control over their own lethal means purchase decisions, through the creation of a voluntary purchase delay database.

Katko, John (R-NY) – Mental Health Caucus Co-Chair

H.R. 2981, Suicide Prevention Lifeline Improvement Act: This bill expands the requirements for the National Suicide Prevention Lifeline Program. Specifically, the Substance Abuse and Mental Health Services Administration must (1) develop a plan to ensure the provision of high-quality service, (2) strengthen data-sharing agreements to facilitate the transmission of epidemiological data from the program to the Centers for Disease Control and Prevention, and (3) implement a pilot program focused on using other communications platforms (e.g., social media and texting) for suicide prevention. The bill also directs the Government Accountability Office to study the program.

^Passed the U.S. House of Representatives on May 12, 2021

Kelly, Robin (D-IL)

H.R. 4319, Protect 911 Act: This bill requires reporting on, and authorizes a grant program to address, suicide and other behavioral health issues among 9-1-1 operators and other public safety personnel who receive and communicate requests for emergency assistance. Specifically, the Centers for Disease Control and Prevention must develop a reporting system to collect data on the suicide rate among and identify best practices to reduce suicides within that profession. In addition, the bill establishes within the Department of Homeland Security grants for emergency communications centers and relevant nonprofits to raise awareness of, prevent, and mitigate job-related mental health issues.

McMorris Rodgers, Cathy (R-WA)

H.R. 7255, Garrett Lee Smith Memorial Reauthorization Act: This bill reauthorizes through FY2027 multiple suicide prevention programs and related activities with a particular focus on youth and young adults. Specifically, the bill reauthorizes grants for statewide or tribal youth suicide prevention and early intervention strategies and for mental health and substance use disorder services for college students, a working group tasked with developing a plan to carry out a public education campaign concerning access to and reducing stigma associated with mental health services at institutions of higher education, and a suicide prevention resource center that provides training and other resources regarding suicide prevention among all ages.

Moulton, Seth (D-MA) – Mental Health Caucus Member

***H.R. 9158, CALL Act: To amend title 18, United States Code, to prohibit people from intentionally impeding the 9–8–8 suicide and crisis lifeline telephone number, and for other purposes.

Stevens, Haley M. (D-MI)

H.Res. 656, Supporting the designation of September 17, 2021, as "National Physician Suicide Awareness Day" to raise awareness of, and promote a national discussion about, physician suicide and to reduce the stigma of mental health issues.: This resolution expresses support for the goals of National Physician Suicide Awareness Day.

Stewart, Chris (R-UT) – Mental Health Caucus Member

H.R. 2955, Suicide Prevention Act: This bill establishes two grant programs to prevent self-harm and suicide. The Centers for Disease Control and Prevention must award grants to state, local, and tribal health departments to expand surveillance of self-harm, and the Substance Abuse and Mental Health Services Administration must award grants to hospital emergency departments for programs to prevent suicide attempts among patients after discharge.

^Passed the U.S. House of Representatives on May 12, 2021

Trahan, Lori (D-MA)

***H.R. 9260, Stop Online Suicide Assistance Forums Act: This bill establishes a new federal criminal offense for using the mail or interstate communication to intentionally assist another individual in taking that individual's own life. The bill imposes criminal penalties—a fine, a prison term of up to five years, or both—for an offense results in death. The bill provides that any action taken in accordance with state laws governing physician-assisted end of life shall not constitute an offense.

Underwood, Lauren (D-IL)

H.R. 5035, Child Suicide Prevention and Lethal Means Safety Act: This bill requires the Department of Health and Human Services (HHS) to establish grant programs and set up a website to reduce suicide rates among youth and young adults (those under age 26), including by addressing the use of firearms in suicides and suicide attempts. Specifically, HHS must award grants to states, Indian tribes, health departments, hospitals, or

other organizations to train health care providers on lethal means safety (e.g., safe storage of firearms), relevant laws concerning the use and possession of firearms, and other suicide prevention and intervention strategies for youth and young adults. Grantees may use a portion of funds to make secure gun storage or safety devices available to residences with an individual under age 26 who is at risk of suicide. In addition, HHS must award grants to health professional schools to integrate content into their curricula and continuing education programs about suicide prevention strategies and interventions to reduce suicide rates among youth and young adults. The bill also requires HHS to develop and maintain a website that contains information for individuals under age 26, their families, health care providers, and health professional schools concerning suicide prevention and the use of firearms in suicide attempts.

Wild, Susan (D-PA) – Mental Health Caucus Member

*****H.R. 8680, Greater Mental Health Access Act:** This bill establishes a special enrollment period for family members of individuals who died by suicide to enroll in, or change enrollment under, a health insurance plan. The bill also requires the Substance Abuse and Mental Health Services Administration to use funds from the Prevention and Public Health Fund to award grants to medical providers and others to provide outpatient mental health services for individuals impacted by the attempted or completed suicide of a friend or family member.